### Instructions: Business Tax Registration Application

#### **General Information**

The Business Tax Application is used to apply for tax registration for Tennessee's business tax. This application cannot be used to register for other Tennessee tax obligations. Businesses must register for sales tax, franchise and excise tax, and other taxes online at www.TN/gov/revenue or by paper application.

Registration for business tax using this application will not be complete until you have paid the business license fee and obtained your business license from the appropriate county clerk and, if applicable, your city business tax official.

You must submit a fully completed the application in a timely manner to ensure that you are properly registered for this tax or you may make your application online. For information on how to register your business online, visit the Tennessee Department of Revenue's website at <a href="http://www.TN/gov/revenue">www.TN/gov/revenue</a> and click on E-file and Pay.

You must complete one application for each business location. Upon registration, your county clerk or city official will issue your business tax license. A \$15 fee is required for your intial license. Once registered, the local licensing official will send your record electroncially to your city or county official based on your location. You must also pay the required \$15 fee for the initial license at the appropriate city/county official's office.

A standard business license is renewed by the annual payment of tax to the Tennessee Department of Revenue. Once this tax is paid each year, the county clerk or city official will provide a license for the next year. There is no charge for a renewal license.

Business tax minimal activity licenses are renewed each year by payment of an annual \$15 fee.

It is important that you notify the Tennessee Department of Revenue if:

- The business ownership changes in any manner including:
  - selling or closing of the business,
  - adding or changing partners,
  - any transfer or change in the ownership of the business,
  - any change in corporate structure requiring a new charter or certificate of authority; or
- □ The business location changes.

#### Instructions

- 1) Enter the business' federal employer identification number (FEIN) or the owner's social security number (SSN).
- 2) Enter the starting date for this business location (month, date, and year).
- 3) Enter the business' fiscal year end date. This is the year end date the business uses for federal tax purposes.
- 4) Enter the type of ownership for the business. If the entity is a marital joint, enter the SSN for the other spouse.
- 5) Enter the business' legal name. This is the same name used for federal tax purposes or registered with the Tennessee Secretary of State's office.
- 6) Enter the physical address for the business. This cannot be a post office box or address for a mail facility.
- 7) Enter the owner information for one or more business contacts. Complete each item. A social security number is not required. If a business is owned by another business, enter the FEIN of the owning business here. This cannot be the same as the FEIN noted under #1 above.
- 8) Enter the "doing business as" (DBA) name, if any.
- 9) Enter the business tax classification for the business. If necessary, consult the Business Tax Guide at www.TN.gov/revenue for more information about determining the proper business tax classification.

10) Checktheboxtochoose the license type of standard orminimal activity. Minimum activity licenses can only be issued to businesses having less than \$10,000 in annual gross income.

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- 11) Enter the business' location address, ensuring that all the information is exact and complete.
- 12) Provide a detailed description of the principal business activity at this location, including the major products and/or services sold.
- 13) Provide the business' mailing address in the space provided. A P.O. box or mailing facility address is acceptable.
- 14) Provide the business' telephone number, fax number (if any), and email address in the space provided.
- 15) Provide the contact information for the business. This will be the person who the Tennessee Department of Revenue can reach for information regarding tax filings and payments.
- 16) Signatures are required. At least one owner, officer, member, or partner must sign and date this application.



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## TENNESSEE DEPARTMENT OF REVENUE Business Tax Registration Application

| Answer all questions b                                       | elow completely. Incomplete  | e and unsigned app  | lications will delay p | processing.        |
|--|--|---------------------|------------------------|--------------------|
| 1. Business FEIN or SSN (required)                           | 2. Start Date for Location   | in Jurisdiction     | 3. Fiscal Year Er      | าd Date            |
| 4. Type of Ownership (choose only one                        | box below):  |                     |                        |                    |
| Sole Proprietorship  | Partnership (d   | all types)          | Corporati              | on (all types)     |
| Marital Joint Ownership Other Spouse's SSN:  Estate or Trust | Limited Liabil<br>(choose one below<br>Multi-Member<br>Single Member | v)<br>LLC           |                        |                    |
| 5. Legal Name of Business                                    |  |                     |                        |                    |
| 6. Primary Address (physical address v                       | vhere records are located; no  | P.O. box)           | City                   | State ZIP Code     |
| 7. Identify Owners, Officers, Members,                       | or Partners (Attach additional i                                     | names on separate s | heet if needed. See In | istructions.)      |
| Title  |  | Title               |                        |                    |
| SSN of owner or FEIN of owning busin                         | ess, if available  | SSN of owner or F   | EIN of owning busine   | ss, if available   |
| First and Last Name of Owner or Name                         | e of Owning Business   | First and Last Nam  | ne of Owner or Name    | of Owning Business |
| Telephone Number with Area Code                              |  | TelephoneNumbe      | r with Area Code       |                    |
| Email  |  | Email               |                        | 1.                 |
| Address  |  | Address             |                        |                    |
| City   | State ZIP Code   | City                | Sta                    | ate ZIP Code       |
| 8. "Doing Business As" (DBA) Name (i                         | f different from #5 above)   |                     |                        |                    |
| 9. Classification (select below or write<br>Classification:  | in)  |                     |                        |                    |
| 0. License Type Standard Business Lincense                   | Minimal Activity License   |                     |                        |                    |
| 1. Business Location Address (physical                       | address only; no P.O. box)   | City                | Stat                   | e ZIPCode          |

| 12. | Business Activity at this Location   |  |                |            |
|-----|--|--|----------------|------------|
| 13. | Business Mailing Address   | City   | Stat           | e Zip Code |
| 14. | Business Telephone Number  | Business Fax Number                            | Business Emai  | l Address  |
| 15. | Contact Name   | Contact Telephone Number                       | Contact Email. | Address    |
| 16. | • • • •  | For Department Use Only                        |                |            |
|     | of the entity listed above. Do not print of<br>The statements made on this application are | -  | elief.         |            |
|     |  | e true to the best of my knowledge and b Date: | elief.         |            |

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Electronic filing and payment of taxes is required for business tax. Please visit www.TN.gov/revenue for more information.

## CITY OF ARDMORE P.O. BOX 55 ARDMORE, TN 38449 (931) 427 2124 Fax: (931) 427 8466

| Class:     |  |
|------------|--|
| Expires:   |  |
| Receipt #: |  |

# APPLICATION FOR A MINIMUM BUSINESS LICENSE

| Name of Business:  |
|--|
| Business Location:   |
| Mailing Address:   |
| Business Phone Number:   |
| Owner's Name:  |
| Business Activity(major products sold and/or services)   |
| Is this business RetailWholesaleBoth   |
| Do you operate more than one business in Tennessee?  |
| This application must be received within 20 days from commencement of business or penalty and interest will apply. |
| Minimum fee       \$ 15.00         Penalty   |
| Total payment due  |

Signature of Owner

Date