

APPLICATION FOR TAXPAYER NUMBER
PARISH OF OUACHITA

Town of Sterlington ~ Town of Richwood ~ City of West Monroe ~ City of Monroe

REASON FOR APPLYING:

- Started new business Opening additional location Change of name
 Purchased ongoing business Merger Other

Louisiana Sales Tax Number: _____ Applied For None

Federal Identification Number: _____ Applied For None

NAICS Code: _____

Legal Name(s): (Individual, partners, or corporation) _____

Trade Name/DBA: _____

Business Location (street, highway, NOT P. O. BOX): _____

Business Location Telephone No.: _____

Address for receiving tax forms & correspondence (If same, write same): _____

Contact Person: _____ Telephone No.: _____

Title: _____ Email Address: _____

Type of organization: Individual Partnership Corporation LLC LLP Other

If sole owner (individual) Name: _____ SSN: _____

Home Address _____ Telephone: _____

If corporation, LLC, LLP or Partnership, please attach the following: name, title, social security number, home address and telephone number of officers, members, managers or partners.

Agent for service of process (include physical address and telephone number) _____

Nature of business: Retail Sales Wholesale Repair Service Manufacturing/Fabricating
 Contractor Retail Service Other

Date of first sale within Ouachita Parish or date business started at this location: _____

Describe in detail your business: type of sales, activity or service you perform: _____

“Requested” reporting status: Monthly Quarterly Occasional/Irregular
(Reporting frequency and filing status will be determined by the Administrator according to parish policy. Businesses with a location within the parish will automatically be registered on a monthly basis.)

I affirm that the information given on this application is true and correct:

Signature of Applicant Date