



TENNESSEE DEPARTMENT OF REVENUE

Business Tax Registration Application

RV-F1321001 (05/18)

Answer all questions below completely. Incomplete and unsigned applications will delay processing.

1. Business FEIN or SSN <i>(required)</i>	2. Start Date for Location in Jurisdiction	3. Fiscal Year End Date
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4. Type of Ownership (choose only one box below):

- | | | |
|---|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Partnership <i>(all types)</i> | <input type="checkbox"/> Corporation <i>(all types)</i> |
| <input type="checkbox"/> Marital Joint Ownership
Other Spouse's SSN:
_____ | <input type="checkbox"/> Limited Liability Company
<i>(choose one below)</i> | |
| <input type="checkbox"/> Estate or Trust | <input type="checkbox"/> Multi-Member LLC | <input type="checkbox"/> Single Member LLC |

5. Legal Name of Business

6. Primary Address (physical address where records are located; no P.O. box) City State ZIP Code

7. Identify Owners, Officers, Members, or Partners (Attach additional names on separate sheet if needed. See Instructions.)

Title	Title
SSN of owner or FEIN of owning business, if available	SSN of owner or FEIN of owning business, if available
First and Last Name of Owner or Name of Owning Business	First and Last Name of Owner or Name of Owning Business
Telephone Number with Area Code	Telephone Number with Area Code
Email	Email
Address	Address
City State ZIP Code	City State ZIP Code

8. "Doing Business As" (DBA) Name (if different from #5 above)

9. Classification (select below or write in)

Classification:

10. License Type
 Standard Business License Minimal Activity License

11. Business Location Address (physical address only; no P.O. box) City State ZIP Code

12. Business Activity at this Location

13. Business Mailing Address City State Zip Code

14. Business Telephone Number Business Fax Number Business Email Address

15. Contact Name Contact Telephone Number Contact Email Address

16. **Signatures Required! This application must be signed by an owner, officer, member or partner of the entity listed above. Do not print or use a stamp.**

For Department Use Only

The statements made on this application are true to the best of my knowledge and belief.

Signature: _____ **Date:** _____
Owner, Officer, Member, or Partner

Signature: _____ **Date:** _____
Owner, Officer, Member, or Partner

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