



NEED HELP? CALL (404) 417-4490

(PLEASE PRINT OR TYPE)

STATE TAX REGISTRATION APPLICATION
(Please Read Instructions Before Completing)

IDENTIFICATION SECTION					
1	IF YOU HAVE A STATE TAXPAYER IDENTIFIER (STI), ENTER HERE:				
2	REASON FOR APPLICATION		<input type="checkbox"/> Change in Location Address	<input type="checkbox"/> Change in Alcohol Licensee	
	<input type="checkbox"/> New Business		<input type="checkbox"/> Change in Ownership Structure	<input type="checkbox"/> Additional Tax Registration	
	<input type="checkbox"/> Divided Store (Alcohol Only – Separate Applications required.)				
	<input type="checkbox"/> New Location for a Master Sales Tax Account		Master Sales Tax Number :		
3	FOR WHICH OF THE FOLLOWING ARE YOU APPLYING?			<input type="checkbox"/> Use Tax Only	
	<input type="checkbox"/> Sales Tax	<input type="checkbox"/> Alcohol License *	<input type="checkbox"/> Motor Fuel Distributor *		
	<input type="checkbox"/> Withholding Tax	<input type="checkbox"/> IFTA Registration *	<input type="checkbox"/> Motor Fuel Tanker Truck Permit *		
	<input type="checkbox"/> Tobacco License	<input type="checkbox"/> Amusement Machine *	<input type="checkbox"/> Non-Resd. Distribution		
Application with an asterisk (*) require an additional application – See instructions for details					
If your business is a Sole Proprietorship – Your Name is the Legal Business Name					
4	LEGAL BUSINESS NAME				
5	TRADE NAME / DBA NAME				
6	TYPE OF OWNERSHIP		<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> County Government	<input type="checkbox"/> State Agency
	<input type="checkbox"/> Estate	<input type="checkbox"/> Partnership	<input type="checkbox"/> Municipality	<input type="checkbox"/> Federal Agency	
	<input type="checkbox"/> Fiduciary	<input type="checkbox"/> Subchapter S Corp.	<input type="checkbox"/> Professional Association	<input type="checkbox"/> LLC	
	<input type="checkbox"/> Corporation - State of Inc. _____		Date of Incorporation / /		
7	IF THE BUSINESS LISTED ABOVE HAS AN "FEI" NUMBER, ENTER HERE:				
8	IF SEASONAL BUSINESS, STATE MONTHS BUSINESS WILL BE OPEN:			Begin	Thru
9	WHAT IS THE LAST MONTH AND DAY OF YOUR ACCOUNTING YEAR:			Month	Day
10	IF THIS APPLICATION IS FOR A BUSINESS YOU PURCHASED, PROVIDE THE FOLLOWING INFORMATION REGARDING THE FORMER OWNER, IF KNOWN.				
	LEGAL BUSINESS NAME			STI NO.	
	GA. SALES TAX NO.	GA. WITHHOLDING TAX NO.	PURCHASE PRICE OF BUSINESS		
			\$		
ADDRESS SECTION					
11	LOCATION ADDRESS, NUMBER AND STREET SUITE/APARTMENT NUMBER (Enter physical location address of business. (You CANNOT use a Post Office Box for the location address!))				
	CITY	STATE	ZIP	COUNTY	COUNTRY PHONE
12	IS THE ABOVE ADDRESS LOCATED WITHIN THE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No				
NOTE: To have correspondence and reporting forms sent to separate addresses, please complete Lines 13 and 14 and indicate the related tax type(s) for each. To list additional mailing addresses use Form CRF-003.					
13	MAILING ADDRESS – IF DIFFERENT FROM THE LOCATION ADDRESS ON LINE 11 ABOVE. (Please identify tax type(s) to be mailed to the address below.)				
A	<input type="checkbox"/> Sales and Use	<input type="checkbox"/> Withholding	<input type="checkbox"/> Alcohol		
	<input type="checkbox"/> Tobacco	<input type="checkbox"/> Motor Carrier / Tanker Truck	<input type="checkbox"/> Motor Fuel Distributor		
B	ADDRESSEE (c/o) (If different from or in addition to the Legal Business Name)				
C	NUMBER AND STREET, P. O. BOX or RFD NO.				
D	CITY	STATE	ZIP	COUNTY	COUNTRY PHONE
14	ADDITIONAL MAILING ADDRESS – (Please identify tax type(s) to be mailed to the address below.)				
A	<input type="checkbox"/> Sales and Use	<input type="checkbox"/> Withholding	<input type="checkbox"/> Alcohol		
	<input type="checkbox"/> Tobacco	<input type="checkbox"/> Motor Carrier / Tanker Truck	<input type="checkbox"/> Motor Fuel Distributor		
B	ADDRESSEE (c/o) (If different from or in addition to the Legal Business Name)				
C	NUMBER AND STREET, P. O. BOX or RFD NO.				
D	CITY	STATE	ZIP	COUNTY	COUNTRY PHONE

(Please Read Instructions Before Completing)

OWNERSHIP / RELATIONSHIP SECTION

(This section MUST be completed for your application to be accepted.)

15 CHECK ALL THAT APPLY

<input type="checkbox"/>	Owner	<input type="checkbox"/>	Parent Company	<input type="checkbox"/>	Manager	<input type="checkbox"/>	Related Business
<input type="checkbox"/>	Partner	<input type="checkbox"/>	Shareholder	<input type="checkbox"/>	Tobacco Licensee	<input type="checkbox"/>	Motor Fuel Supplier
<input type="checkbox"/>	Officer	<input type="checkbox"/>	Alcohol Licensee	<input type="checkbox"/>	Tobacco Distributor	<input type="checkbox"/>	Managing Member

A BUSINESS NAME STI or LICENSE NO.

B GA SALES TAX NO. GA WITHHOLDING TAX NO.

C LAST NAME FIRST M.I. TITLE SOCIAL SECURITY NO.

D ADDRESS

E CITY STATE ZIP COUNTY COUNTRY PHONE

16 CHECK ALL THAT APPLY

<input type="checkbox"/>	Owner	<input type="checkbox"/>	Parent Company	<input type="checkbox"/>	Manager	<input type="checkbox"/>	Related Business
<input type="checkbox"/>	Partner	<input type="checkbox"/>	Shareholder	<input type="checkbox"/>	Tobacco Licensee	<input type="checkbox"/>	Motor Fuel Supplier
<input type="checkbox"/>	Officer	<input type="checkbox"/>	Alcohol Licensee	<input type="checkbox"/>	Tobacco Distributor	<input type="checkbox"/>	Managing Member

A BUSINESS NAME STI or LICENSE NO.

B GA SALES TAX NO. GA WITHHOLDING TAX NO.

C LAST NAME FIRST M.I. TITLE SOCIAL SECURITY NO.

D ADDRESS

E CITY STATE ZIP COUNTY COUNTRY PHONE

(TO REPORT ADDITIONAL RELATIONSHIPS, USE FORM CRF-004)

SALES AND USE TAX SECTION

17 NATURE OF BUSINESS (If combination of two or more, list approximate percentages of receipts. Must equal 100%.)

<input type="checkbox"/>	Retail	%	<input type="checkbox"/>	Services	%	<input type="checkbox"/>	Manufacturing	%	<input type="checkbox"/>	Mining	%
<input type="checkbox"/>	Wholesale	%	<input type="checkbox"/>	Construction	%	<input type="checkbox"/>	Processing	%	<input type="checkbox"/>	Other	%

18 WHAT KIND OF BUSINESS WILL YOU OPERATE? (Be specific as to the product sold or service provided.)

19 WILL YOU SELL ALCOHOLIC BEVERAGES? Yes No

20 WILL YOU SELL RETAIL TOBACCO PRODUCTS? Yes No Date / /

21 WILL YOU SELL GASOLINE AND/OR MOTOR FUEL? Yes No If "Yes", please specify the name of
The dealer responsible for paying the tax on gasoline and/or motor fuel sales, if other than yourself.
NAME SALES TAX NO.

22 WHEN DID OR WILL YOU START SELLING OR PURCHASING ITEMS SUBJECT TO SALES TAX?
Date / /

23 WHAT ACCOUNTING METHOD WILL YOU USE? Cash Basis Accrual Basis

24 WILL YOU HAVE EMPLOYEES? Yes No If "Yes", complete the following WITHHOLDING TAX SECTION. If "No", stop here and complete Signature Section.

WITHHOLDING TAX SECTION

25 WHO WILL BE RESPONSIBLE FOR FILING AND REMITTING THE PAYROLL TAXES FOR YOUR EMPLOYEES?
 Applicant or Payroll Service Bureau Other
If "Other", list the name and GA. Withholding No. of the business responsible for paying these taxes.
NAME GA. WITHHOLDING TAX NO.

26 DO YOU EXPECT TO WITHHOLD MORE THAN \$200 PER MONTH? Yes No

27 HOW MANY EMPLOYEES DOES THIS BUSINESS HAVE OR WILL HAVE?

28 DATE ON WHICH WAGES WERE OR WILL FIRST BE PAID? Date / /

SIGNATURE SECTION

I HAVE EXAMINED THIS APPLICATION, AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE AND CORRECT

Signature Title Date

(MUST BE SIGNED BY OWNER, PARTNER, OR CORPORATE OFFICER AS LISTED IN THE RELATIONSHIP SECTION ABOVE.)