

Mississippi Registration Application

Route to the Registration Section

_____ - _____ - _____ - _____

For Office Use Only

Please see instructions for details on completion. Incomplete forms will be returned. All applicants should complete Sections A, B and F. Also complete any other sections that apply.

Sales Tax Only - If more than one physical location, a separate application must be completed for each different physical location. If taxpayer is a chain type store and filing a masterfile return, then use Form 72-309 to make a change that affects all accounts.

SECTION A: Check Tax Account Applying for

Sales/Use Tax

- Sales Tax
- Use Tax

Withholding Tax

- Withholding Tax - Employees
- Withholding Tax - Employee Leasing
- Withholding Tax - Gaming

Corporate Income Tax

- Corporate Income Tax
- Corporate Franchise Tax

Beer/Tobacco Tax (Wholesalers & Distributors Only)

- Beer Excise Tax
- Tobacco Excise Tax

Taxpayers must file a separate application for permits to sell Beer and Tobacco. See instructions for details.

SECTION B: Business Information (all applicants must complete this section - see instructions)

1. Type of Ownership:

- C Corporation
- S Corporation
- LLC-Partnership
- LLC-Corporation
- Single Member LLC-Division of Parent
- Single Member LLC-Sole Proprietorship
- LLP
- Partnership - General
- Partnership - Limited
- Federal Government
- Other Government
- Sole Proprietor
- Other: Specify _____

2. Identification:

Federal Employer Identification Number _____

Social Security Number _____

Sales Tax Masterfile Number (if any) _____

3. Check if claiming exemption for "Non-Profit" status for corporate income/franchise tax. Attach documentation to substantiate.

4. Legal Name (Owner's name, if sole proprietor) _____

5. Trade Name (if different) _____

 County ZIP _____

 County ZIP _____

 County ZIP _____

6. Home Address - if Sole Proprietor _____

City _____ State _____

7. Mailing Address _____

Street Address or P.O.Box _____

City _____ State _____

8. MS Physical Address _____

Street address, do not enter P.O.Box. _____

City _____ State _____

9. Phone Number () _____

Fax Number () _____

E-mail Address _____

Pager / Cell Number () _____

Secondary Phone () _____

Fax Number () _____

10. Description or nature of business _____

11. Industry Code (List all that apply to your business.) Primary: _____

Additional: _____

Correct Industry Code determines what products can be purchased exempt for resale.

SECTION C: For Corporations and Partnerships Only

12. State of Incorporation _____ Date admitted or authorized to do business in Miss _____

14. Basis of reporting: Calendar Yr. Fiscal Yr. (List FYE) _____

15. If C Corp, S Corp, LLC, LLP, or Partnership, list names and home addresses of officers, directors, managers, or members who have any responsibility for fiscal management of the organization. (If more space needed, add additional pages.)

Priority	Title	% Owned

Name	Address Information				Social Security Number
	Physical Address	City	State	Zip	