Form 70-001-02-1-1-000 (Rev.04/02)

**Route to the Registration Section**

# Mississippi Registration Application



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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) _____

6. **Headquarters Address** or **Home Address** - if Sole Proprietor
   _____ Street address, do not enter P.O.Box.
   _____ City State County ZIP

7. **Mailing Address**
   _____ Street Address or P.O.Box
   _____ City State County ZIP

8. **MS Physical Address**
   _____ Street address, do not enter P.O.Box.
   _____ City State County ZIP

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 Mississippi. _____

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, managing partners, or members who have any responsibility for fiscal management of the organization. (If more space needed, add additional page.)

| Name | Address Information | | | | Social Security Number | Title | % Owned |
|---|---|---|---|---|---|---|---|
| | Physical Address | City | State | Zip | | | |
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