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			