Form 70-001-02-1-1-000 (Rev.04/02)	Mississippi Registration Application			Dama 1	
Route to the Registration				Page 1	
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 filling a masterfille return, then use Form 72-309 to make a change that affects all accounts.					
SECTION A: Check Tax Account Applying for Sales/Use Tax Withholding Tax Corporate Income Tax Beer/Tobacco Tax					
Sales/Use Tax	Withholding Tax	Corporate Income Tax	Beer/To (Wholesalers 8	bbacco Tax & Distributors Only)	
Sales Tax Use Tax	Withholding Tax - Employees Withholding Tax - Employee Leas Withholding Tax - Gaming	Corporate Income Tax Corporate Franchise Tax	Taxpavers must	cise Tax Excise Tax If lie a separate application Il Beer and Tobacco. See details.	
SECTION B: Business Information (all applicants must complete this section - see instructions)					
Type of Ownership:	П		Identification:		
C Corporation S Corporation LLC-Partnership	LLP Partnership - General Partnership - Limited	Other: Specify	Federal Employer Identification Number		
LLC-Corporation	Federal Government		Social Security Number		
Single Member LLC	-Division of Parent -Sole Proprietorship		Sales Tax Masterfile	e Number (if any)	
= '		or corporate income/franchise tax. A	Attach documentatio	n to substantiate.	
Legal Name (Owner's name, if sole proprietor)					
5. Trade Name (if different)					
Headquarters Address or Street address do not enter P.O.Boy					
6. Home Address - if Sol		Street address, do not ente			
7. Mailing Address		City State	County	ZIP	
J		Street Address or P.O.Box	(
8. MS Physical Address		City State	County	ZIP	
o. INIS Filysical Address		Street address, do not enter P.O.Box.			
		City State	e County	ZIP	
9. Phone Number()	Fax Number _()		
E-mail Address Secondary Phone ()	Pager / Cell Numbe Fax Number (er (<u>)</u>		
	, ,	Tax Number	,		
10. Description or nature of business					
11. Industry Code (List all that	t apply to your business.) Primary:	Additional: Correct Industry Code determines what p	producte can be purchased	evernt for resule	
SECTION C: For Corpo	orations and Partnerships C		products can be purchased	exempt for resale.	
12. State of Incorporation	D:	ate admitted or authorized to do bus	siness 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		ress Information	Social Security Number	Title % Owned	
	Physical Address	City State Zip	Number		
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