

COLORADO BUSINESS REGISTRATION

PLEASE PRESS FIRMLY AND PRINT CLEARLY - INSTRUCTIONS FOR THIS FORM ARE IN THE PUBLICATION CR 101

Department Use Only

A - GENERAL INFORMATION		1. REASON FOR FILING THIS APPLICATION	
THE REVERSE SIDE OF THIS PAGE MUST BE COMPLETED		<input type="checkbox"/> Original Application <input type="checkbox"/> Change of Ownership	
		Do you have a Dept of Revenue Account Number? <input type="checkbox"/> Yes <input type="checkbox"/> No IF Yes, Account # _____	
		Do you want this number assigned to new location? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Indicate Type of Organization			
<input type="checkbox"/> Individual <input type="checkbox"/> Limited Liability Limited Partnership (LLLP) <input type="checkbox"/> Estate <input type="checkbox"/> Other Non-Profit			
<input type="checkbox"/> General Partnership <input type="checkbox"/> Corporation 'S' Corporation <input type="checkbox"/> Government <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other _____			
<input type="checkbox"/> Limited Partnership <input type="checkbox"/> Association <input type="checkbox"/> Trust <input type="checkbox"/> Non-profit 501 (C)(3) (Please enclose copy of the IRS letter of exemption.)			
<input type="checkbox"/> Limited Liability Company (LLC)			
<input type="checkbox"/> Limited Liability Partnership (LLP)			
SIDE A			
1a. Taxpayer Name (Owner, Partners or Corporate Name) (Last, First, Middle)		1b. Taxpayer ID Required (See page 3)	
2a. Trade Name/Doing Business As (If Applicable)		2b. Federal Employer Identification Number (FEIN)	
3a. Street Address of Principal Place of Business in Colorado		City	State ZIP Code
3b. County		If business is within limits of a city, what city?	Telephone
4a. In Care Of (C/O)		4b. Mailing Address (If Different From Above) (Include Unit #)	
City		State	ZIP Code Telephone
5. Bank Name (If Available)		Bank Address	Bank Account Number
6. First Day of Payroll (Mo/Day/Yr)		Payroll Records Location (List Address)	Payroll Records Telephone
7. What products and/or services do you provide? (Complete Section "H")		Do you sell motor vehicle tires? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your business in a special taxing district? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you rent out items for 30 days or less? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8a. Owner/Partner/Corp. Officer		Title	Social Security # Federal Employer Identification Number (FEIN)
8b. Address (Residence or P.O. Box, Street, City, State, ZIP Code)		Telephone	
9a. Owner/Partner/Corp. Officer		Title	Social Security # Federal Employer Identification Number (FEIN)
9b. Address (Residence or P.O. Box, Street, City, State, ZIP Code)		Telephone	
If you acquired the business in whole or in part, complete the following:			
10a. Prior Taxpayer Name		Date of Acquisition	Prior Taxpayer UI Tax Account Number
10b. Address		City	State ZIP Code
C - SALES TAX		E - FEES	
1. <input type="checkbox"/> If Seasonal, mark each business month.		Period Covered	
<input type="checkbox"/> Jan. <input type="checkbox"/> Apr. <input type="checkbox"/> July <input type="checkbox"/> Oct. <input type="checkbox"/> Feb. <input type="checkbox"/> May <input type="checkbox"/> Aug. <input type="checkbox"/> Nov. <input type="checkbox"/> Mar. <input type="checkbox"/> June <input type="checkbox"/> Sept. <input type="checkbox"/> Dec.		From To	
2a. Filing Frequency: If sales tax collected is:		Mo Mo (0020- State Sales Tax Yr Yr 810) Deposit (355) \$	
<input type="checkbox"/> \$15.00/month or less - Annually		Mo Mo (0080- Sales Tax Yr Yr 750) License (999) \$	
<input type="checkbox"/> Under \$300/month - Quarterly		Mo Mo (0100- Wholesale Yr Yr 750) License (999) \$	
<input type="checkbox"/> \$300/month or more - Monthly		Mo Mo (1000- Wage Yr Yr 750) Withholding (999) \$	
<input type="checkbox"/> Wholesale only - Annually		Mo Mo (0160- Charitable Yr Yr 750) License (999) \$	
3. Indicate which applies to you:		0.00	
<input type="checkbox"/> Wholesaler <input type="checkbox"/> Charitable <input type="checkbox"/> RTD <input type="checkbox"/> Retail-Sales <input type="checkbox"/> CD <input type="checkbox"/> Retailers-Use <input type="checkbox"/> FD		Make check payable to	
1. Filing Frequency: If wage withholding amount is		2. Oil/Gas	
<input type="checkbox"/> \$1 - \$6,999/Year - Quarterly <input type="checkbox"/> \$50,000+/Year - Weekly <input type="checkbox"/> \$7,000 - \$49,999/Year - Monthly Must file by Electronic Funds Transfer		<input type="checkbox"/> Withholding	
D - WITHHOLDING		TOTAL \$.	
F - SIGNATURE			
Both White Pages Must Be Returned. I declare under penalty of perjury in the second degree that the statements made in this application are true and complete to the best of my knowledge.			
SIGNATURE of Owner, Partner, or Corporate Officer Required		Title	Date
OFFICE USE ONLY			
Account Type NAICS Org LC LD			
QD SC IA Sig N TR-1 Date Tech Sig			

SEE PAGE 3 FOR RETURN CHECK POLICY

		SIDE B								
G – UNEMPLOYMENT INSURANCE 303-318-9100 (Denver-metro area), 1-800-480-8299 toll-free	<p>1. Has the taxpayer paid any individual that is considered contract or subcontract labor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If Yes, describe the occupation(s) _____</p> <p>2. Does the business activity consist of employee leasing or management of other businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>3. If the taxpayer is a corporation, are any officers who perform services in Colorado paid wages? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A NOTE: Taxable wages include payments to corporate officers and "dividends" paid in lieu of wages to an officer who performs services for an S corporation.</p> <p>4. If the taxpayer is an individual (sole proprietorship), does he/she have any employees other than the individual, his or her spouse, and his or her children under the age of 21? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>5. If the taxpayer is a partnership or any type of limited liability organization, does it have anyone performing services other than the partners or members of the limited liability organization? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>6. Did the taxpayer acquire the business in whole or in part? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If Yes, complete Form UITL-67, Business Acquisition Questionnaire.</p> <p>7. Has the taxpayer ever paid or expect to pay wages in the state of Colorado? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If the answer is No, do not complete the remainder of section G. BE SURE TO SIGN IN SECTION F. If Yes, on what date? _____</p>									
	<p>8a. Employers are required to provide unemployment insurance coverage if they meet the following requirements. Please check the appropriate box and complete 8b.</p> <p><input type="checkbox"/> Business Employer. A commercial, industrial, or professional organization that pays one or more workers a total of \$1,500 gross wages in a calendar quarter (Jan.-Mar., April-June, July-Sept., Oct.-Dec.) or employs one or more workers in each of any 20 different calendar weeks in a calendar year.</p> <p><input type="checkbox"/> Agricultural Workers. An agricultural employer who pays one or more employees a total of \$20,000 gross wages in a calendar quarter (Jan.-Mar., April-June, July-Sept., Oct.-Dec.) or has ten or more employees in each of any 20 calendar weeks in a calendar year.</p> <p><input type="checkbox"/> Household/Domestic Workers. A household/domestic employer who pays one or more employees a total of \$1,000 gross wages in a calendar quarter (Jan.-Mar., April-June, July-Sept., Oct.-Dec.).</p> <p><input type="checkbox"/> 501(c)(3) Nonprofit Organization. A 501(c)(3) nonprofit organization that has four or more employees performing services in the United States in each of 20 weeks in a calendar year.</p>									
	<p>8b. Enter date the taxpayer did or will meet the above requirement</p> <p>Enter total gross wages paid in the most recently completed calendar quarter</p> <p>Enter current number of employees</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; height: 20px;"></td> <td style="width: 40%;"></td> </tr> <tr> <td style="height: 20px; text-align: right;">\$</td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>					\$			
	\$									
	<p>1. Check the description that best describes the taxpayer's business activity in Colorado and explain in detail in box 2 below.</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <p><input type="checkbox"/> Agricultural (List Crops, Animals, & Services Provided)</p> <p><input type="checkbox"/> Mining (List Product Extracted or Service Performed)</p> <p><input type="checkbox"/> Utilities (List Type and Explain Services Performed)</p> <p><input type="checkbox"/> Construction (Explain in Detail in Box 2 Below)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Construction of Buildings (List Type of Building)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Heavy and Civil Engineering (Explain Below)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Subcontractor (List Specialty Trade Below and Whether Residential or Commercial Services)</p> <p><input type="checkbox"/> Manufacturing & Assembly (List Products & Materials Used)</p> <p><input type="checkbox"/> Wholesale Trade (List What Sold and to Whom)</p> <p><input type="checkbox"/> Retail Trade (List What Sold and to Whom)</p> <p><input type="checkbox"/> Transportation and Warehousing (List Type & Details)</p> <p><input type="checkbox"/> Information (Publish, Broadcast, Telecomm, ISPs)(Explain)</p> </div> <div style="width: 50%;"> <p><input type="checkbox"/> Finance & Insurance (Explain in Detail)</p> <p><input type="checkbox"/> Real Estate and Rental and Leasing (Explain in Detail)</p> <p><input type="checkbox"/> Professional and Technical Services (Explain in Detail)</p> <p><input type="checkbox"/> Management of Companies & Enterprises (Explain)</p> <p><input type="checkbox"/> Administrative and Waste Services (Explain in Detail)</p> <p><input type="checkbox"/> Educational Services (Explain in Detail)</p> <p><input type="checkbox"/> Health care and Social Assistance (Explain in Detail)</p> <p><input type="checkbox"/> Arts, Entertainment and Recreation (Explain in Detail)</p> <p><input type="checkbox"/> Accommodation and Food Services (Explain in Detail) Restaurants (Full Service-Wait People Or Limited Service)</p> <p><input type="checkbox"/> Other Services, except Public Admin. (Explain in Detail)</p> <p><input type="checkbox"/> Public Administration (Explain in Detail)</p> <p><input type="checkbox"/> Household/Domestic</p> </div> </div>									
	<p>2. List SPECIFIC products or services and EXPLAIN IN DETAIL. If more than one activity, make ONE a PREDOMINANT percent. (e.g. 51-49%)</p>									
	<p>3. Worksite Information - Complete the following for each physical location in COLORADO. For each additional location, copy Section H and complete. NOTE: If the employee works from home, list the resident address.</p>									
	<p>Worksite Physical Address (COLORADO BUSINESS OR RESIDENCE ADDRESS) (Do NOT list P.O. Box or accountant address)</p>									
Street	City	State	ZIP CODE	County						
Average Number of Monthly Employees	Worksite Phone	Worksite Contact Person - Please Print								

H – LABOR MARKET INFORMATION (303) 318-8850

**RETURN BOTH WHITE COPIES OF THE FORM TO COLORADO DEPARTMENT OF REVENUE.
DID YOU COMPLETE SIDE B OF COPY 1?**

FEE SCHEDULE

- **Trade name registration:** Trade name registrations after May 30th, 2006 must be done with the Colorado Secretary of State.
- **Wholesale, retail and charitable license**

If first day of sales is:

January to June even-numbered years 2004, 2006, 2008	\$16.00
July to December even-numbered years 2004, 2006, 2008	\$12.00
January to June odd-numbered years 2005, 2007, 2009	\$8.00
July to December odd-numbered years 2005, 2007, 2009	\$4.00

- **Charitable license** \$8.00
- **A deposit** is required on a retail sales tax license only. \$50.00

If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your banking account electronically.

Fee Notes

- The deposit will be refunded automatically after a business has collected and paid \$50 in *state sales taxes*. **DO NOT** deduct the deposit on your sales tax return. The deposit is only required on a business first location.
- There is no charge for a multiple or single event license IF a business has a current wholesale or retail sales tax license.
- For single and multi event licenses complete the DR 0589 "Sales Tax Special Event Application."
- All licenses except the single event license are valid through December 31 of each odd-numbered year.

If you have questions regarding "Side A" call the Department of Revenue, (303) 238-SERV(7378). If you have questions regarding "Side B", call the Department of Labor and Employment 303-318-9100 (Denver-metro area) 1-800- 480-8299 (outside Denver-metro area).

INSTRUCTIONS: This form consists of three copies; please complete the form, mail two copies of the completed form to the **Colorado Department of Revenue, Denver, CO 80261-0013**, and retain one copy for your records.

If you've downloaded this form from the Internet, please complete the form and make two photocopies of it. Mail the original form and one copy to the **Colorado Department of Revenue, Denver CO 80261-0013**; retain one photocopy of the completed form for your records.

For walk-in service, please bring all 3 copies of the completed form to:

DENVER SERVICE CENTER
1375 Sherman St.
Denver CO 80261

COLORADO SPRINGS SERVICE CENTER
4420 Austin Bluffs Pky.
Colorado Springs CO 80918

FORT COLLINS REGIONAL SERVICE CENTER
1121 W. Prospect Rd., Bldg. D
Fort Collins, CO 80526

GRAND JUNCTION SERVICE CENTER
222 S. Sixth St., Room 208
Grand Junction CO 81501

PUEBLO SERVICE CENTER
310 E. Abriendo Ave., Suite A4
Pueblo CO 81004-4226

Taxpayer ID Requirements:

All walk-in and mail-in business and individual applicants for a Business Registration, (sales/use tax or wage withholding) with the Colorado Department of Revenue must provide valid proof of identification at the time of application. Valid proof includes a legible copy of a Colorado Driver's License, Colorado Identification Card, United States Passport, Resident Alien Card (Indicating eligibility for employment), United State Naturalization papers, and/or Military Identification Card. If the applicant is from another state, a valid driver's license or other picture ID from that state is required.

UNEMPLOYMENT INSURANCE

Any unemployment insurance payments should be made on a separate check, payable to Colorado State Treasurer.

Questions regarding unemployment insurance may be directed to:

Colorado Department of Labor and Employment
Unemployment Insurance Operations
P.O. Box 8789, Denver, CO 80201-8789
303-318-9100 (Denver-metro area)
1-800-480-8299 (outside Denver-metro area)

Visit Our Online Services: www.coworkforce.com/UIT/
Visit the Colorado Department of Labor and Employment online eServices. From this site, eligible employers are able to perform some functions online:

- Register for an Unemployment Insurance Tax Account.
- File UI Tax Report for the Current Quarter.
- Submit UI Reports of Workers Wages.
- Change the UI Employer Business Address

LABOR MARKET INFORMATION

If you have any questions regarding Labor Market Information, please contact:

Colorado Department of Labor and Employment
Labor Market Information
633 17th St., Suite 600
Denver, CO 80202-3660
(303) 318-8850