Form CRF-002 (Rev. /12)

Georgia Department of Revenue
State Tax Registration Application

Section 1  Reason for Submitting this Form

Refer to the instructions and check the applicable box(es) to indicate the reason(s) for this registration.

1. □ New Registration
2. □ Additional Registration
3. □ Application for a Master Number
4. □ Information Update
5. □ Additional Location
   
   (Use only for Master Sales Tax Account)

   □ Yes  □ No Acquire all or part of another business?
6. □ Yes  □ No Result from a change in legal structure (for example, from individual proprietor to corporation, partnership to corporation, corporation to limited liability company, etc...)?

   □ Yes  □ No Undergo a merger, consolidation, dissolution, or other restructuring?
7. □ Provide prior business’ state tax identification number if you answered yes to any of the above choices:

8. Check the applicable box(es) to indicate the types of tax(es) and service(s) requested for this registration. Those types with asterisks (*) require an additional application.

   □ Sales and Use  □ Alcohol License**
   □ Lottery Retailer**  □ Limousine Alcohol License**
   □ Withholding Tax  □ Tobacco License**
   □ 911 Prepaid Wireless  □ Amusement License**
   □ Motor Fuel License**
   □ Non-Resident Distribution  □ Motor Carrier/IFTA
   □ Single Member  □ Multiple Member

Section 2  Entity Type (check the appropriate box)

   □ Sole Proprietorship (Individual)
   □ Partnership
   □ Sub-S Corporation
   □ Corporation- State of Incorporation:  □ Incorporation Date:
   □ Professional Association
   □ Estate
   □ Fiduciary
   □ Limited Liability Company
   □ Single Member  □ Multiple Member
   □ Limited Liability Partnership
   □ Federal Agency
   □ State Agency
   □ County Government
   □ Municipal Government

Section 3  Business Information

1. Business Legal Name (enter owner’s name if sole proprietor)  Business Trade Name (DBA)  Federal Employer Identification Number

   Business Street Address (DO NOT USE P.O. BOX)  City  County  State  Zip Code + 4

   Business Telephone Number  Business Fax Number  Business Email

2. Date of First Operation (mm/dd/yyyy):

3. List months of operation if business is seasonal (mm-mm):

4. List Business’s Fiscal Year End:

5. Identify Accounting Method: □ Accrual □ Cash

Section 4  Business Mailing Address (if different from Section 3 above)

If you want to have GADOR notices and other correspondence for a specific tax type mailed to an address other than the above business street address, please complete the following information. Use Form CRF-003 to list additional addresses.

1. Business Mailing Address  City  County  State  Zip Code + 4

2. Use this mailing address for the following tax type(s):

   □ Sales and Use  □ Withholding  □ Amusement  □ Alcohol  □ Tobacco  □ Motor Fuel Distributor  □ 911 Prepaid Wireless

   1. Business Mailing Address

   2. Use this mailing address for the following tax type(s):

   □ Sales and Use  □ Withholding  □ Amusement  □ Alcohol  □ Tobacco  □ Motor Fuel Distributor  □ 911 Prepaid Wireless

Section 5  Business Ownership/Relationship

1. Name  Social Security Number / Taxpayer Identification Number

   Mailing Address  City  County  State  Zip Code + 4

   Check one:
   □ Owner  □ LLC Member  □ Partner  □ Officer  □ Other

   Check any/all if applicable:
   □ Alcohol Licensee  Effective Date:  □ Tobacco Licensee  Effective Date:  □
## Section 5  Business Ownership/Relationship (continued)

1. Name ___________________________ Social Security Number / Taxpayer Identification Number

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City</th>
<th>County</th>
<th>State</th>
<th>Zip Code + 4</th>
</tr>
</thead>
</table>

Check one:
- [ ] Owner
- [ ] LLC Member
- [ ] Partner
- [ ] Officer
- [ ] Other

Effective Date: ___________________________

Check any/all if applicable:
- [ ] Alcohol Licensee  Effective Date: ___________________________
- [ ] Tobacco Licensee  Effective Date: ___________________________

## Section 6  Business Activity Information

1. Check business activity type. If you check two or more boxes, list approximate percentages of receipts.

- [ ] Retail _____%  [ ] Manufacturing _____%  [ ] Wholesale _____%  [ ] Construction _____%  [ ] Service _____%

2. Will you be selling motor fuel or gasoline? [ ] Yes  [ ] No

3. Are you a common carrier? [ ] Yes  [ ] No

4. Please describe products to be sold and/or taxable services to be provided:

5. Enter business’ NAICS code number if known:

## Section 7  Employer Withholding Information

1. Will your business have employees? [ ] Yes  [ ] No  If you answered Yes, please complete lines 2 through 5.

2. Who will be responsible for filing and remitting payroll taxes for your employees? [ ] Your Business  [ ] Payroll Service  [ ] Other:

3. If you checked payroll service or other in question 2 above, enter the name and withholding tax number of the entity reporting and paying these taxes:

Name: ___________________________  Withholding Tax Account Number: ___________________________

4. Do you expect to withhold more than $200 per month? [ ] Yes  [ ] No

5. What is the first date on which wages will be paid to employees?

## Section 8  Authorized Signature/Contact Information

Under penalties of perjury, I declare that I have examined this State Tax Registration Application and to the best of my knowledge and belief, it is true, correct and complete. I understand that to willfully prepare or present a document that is fraudulent or false is a criminal misdemeanor under O.C.G.A. § 48-1-6.

<table>
<thead>
<tr>
<th>Authorized Signature</th>
<th>Title</th>
<th>Date (mm/dd/yyyy)</th>
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<tbody>
<tr>
<td>Print Name</td>
<td>Daytime Telephone Number</td>
<td>Title</td>
</tr>
<tr>
<td>Print Third Party Preparer’s Name (if any)</td>
<td>Daytime Telephone Number</td>
<td>Title</td>
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Responsible Party Information

Step 1  Read this information first

- Under section 48-2-52 of the Official Code of Georgia Annotated, a:
  - corporation officer or employee,
  - limited liability company member, manager or employee, or
  - limited liability partnership, partner or employee

may be held personally liable for unpaid sales tax, withholding tax, and 911 charges on prepaid wireless services assessed against such corporation, limited liability company, or limited liability partnership.

- The responsible party information be completed for each of the persons described above who is under a duty to collect, account for and pay any of the above-described taxes or amounts to the Department of Revenue.

- The responsible party information also be used to notify the Department of Revenue when there is a change in responsible persons. Attach additional pages if needed.

Step 2  Identify the business registered or to be registered for any of the tax types or charges listed in Step 1

<table>
<thead>
<tr>
<th>Business Name</th>
<th>Business Address</th>
<th>Federal Employer Identification Number</th>
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<tr>
<th>Name of person completing this form</th>
<th>Title</th>
<th>Daytime Telephone Number</th>
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Step 3  Identify the person(s) responsible for filing your business' returns and/or paying all tax or charges due

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
<th>Job Title</th>
<th>Social Security Number</th>
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<th>Phone Number</th>
<th>Enter dates when responsibility begins and ends (if applicable):</th>
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<tr>
<td></td>
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<td>From:     To:</td>
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Check all for which person is responsible:

- [ ] Sales and Use Tax
- [ ] Withholding Tax
- [ ] 911 Charges on Prepaid Wireless Services

Complete the following if you need to identify another person

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