

## Form TA-1 **Application for Original Registration**

Rev. 12/02

Massachusetts

Department of

Revenue **Check As Many As Apply 1.** A 1. ☐ Employer under the Income Tax Withholding Law (payroll tax) ☐ Governmental or Charitable Exempt Purchaser 2. Withholding for Pension Plans, Annuities and Retirement Ε Chapter 180 Organization Selling Alcoholic Beverages Distributions ☐ Use Tax Purchaser B 1. Sales/Use Tax on Goods Vendor G ☐ Boston Sightseeing Tour Surcharge 2. 

Sales/Use Tax on Telecommunications Services Vendor ☐ Boston Vehicular Rental Transaction Surcharge 3. 

Meals Tax on Food and All Beverages ☐ Parking Facilities Surcharge in Boston, Springfield 4. Purchasing in MA for Out-of-State Resale Only and/or Worcester ☐ Room Occupancy Excise ☐ Cigar and Smoking Tobacco Excise Note: If you are selling cigarettes at retail, see instructions. 2. Federal Identification number Social Security number No. of locations **Principal Place of Business** Owner, partnership or legal corporate name Name (cont'd.) 6. Number and street 7. 8. State **9.** Zip City or town 10. (Area code) Telephone number **General Information.** If a corporation, trust, association, fiduciary, or partnership — you must complete Schedule TA-3. **11.** Indicate type of organization: □ Corporation □ Trust or association □ Sole proprietor □ Fiduciary □ Partnership □ Other (specify): ☐ Retail trade ☐ Wholesale trade ☐ Manufacturing ☐ Construction ☐ Governmental ☐ Finance ☐ Real estate ☐ Service Other (specify): **13.** Describe nature of business: 14. Business activity code **15.** Check applicable box: ☐ Profit ☐ Non-profit 16. If subsidiary corporation Name of parent corporation Federal Identification number **17.** If sole proprietor Name of owner Social Security number (sole owner) 18. Reason for applying: Federal Identification number ☐ Started new business ☐ Purchased existing business — enter name, address, and Federal Identification number of previous owner Federal Identification number Organizational change — Federal Identification number and close date of previous organization must be entered, or application will be returned. 

Other (attach explanation) Day Мо **Background Information** Close date: **19.** Are any Massachusetts tax returns due or any Massachusetts taxes owed by your firm? ☐ Yes ☐ No. If yes, please explain: 20. Have you ever been issued a Certificate of Registration that was later revoked?  $\square$  Yes  $\square$  No. If yes, please explain: **Exempt Organizations** 21. If you are applying for exempt purchaser status, be sure to include a copy of your IRS letter of exemption under Section 501(c)(3) of the Internal

Revenue Code. Subordinate organizations covered under an IRS group exemption letter should include a copy of the group exemption ruling **and** a copy of the organization's directory page listing the organization as an approved subordinate. Both of the questions below must be answered. A. Are you exempt from paying U.S. income taxes?  $\square$  Yes  $\square$  No. B. Are you exempt from paying local property taxes?  $\square$  Yes  $\square$  No.

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	Trade name (cont'd	)												
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24.	City or town											25. State 26	Zip	
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	vention Center													
30.	Check here if your	r busine	ess loc	cation is	s within	a Co	nvent	ion	Cent	ter F	inan	sing District: 🗌 (see pages 24–26	of instructions).	
31.	Check here if your	r busine	ess loc	cation is	within	a ho	tel, mo	otel	or of	ther	lodgi	ng establishment in Boston or Cam	bridge: 🗌	
Filin	g Frequencies													
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32.														
	If "yes," check month(s) or partial month(s) business of							perates.				paid for <b>each</b> applicable tax.	Check the approp	riate box(es).
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Sale	s/Use Tax on (	Goods												
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37.	Date you were firs	st requii	ea to	collect	sales/	use ta	ax on	tele	com	mun	icatio	ns services at this location.		
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	at this location.													
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Room Occupancy														
43. Date you were first required to collect room occupancy tax. Mo Day Yr 44. Locality code 45. Number of rooms														
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Use Tax Purchaser														
46. Date you were first required to pay use tax. Mo Day Yr														
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Convention Center Financing Surcharges  47. Date you were first required to collect: a. Boston Sightseeing Tour Surcharge. Mo Day Yr														
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	c. Parking Facilitie	es Surc	harge	in Bos	ton. Sp	rinafi	eld an	ıd/o	r Wo	rces	ster.	Mo Day Yr		
c. Parking Facilities Surcharge in Boston, Springfield and/or Worcester.														
Ciga	r and Smoking	Toba	cco I	Excise	•									
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Date you were instructured to collect cigar and smoking tobacco excise.														
Mail	to: Massachusetts	s Depai	tment	of Rev	enue,	Data	Integr	atio	n Bu	ıreaı	u, PC	Box 7022, Boston, MA 02204.		
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