



# Form TA-1

## Application for Original Registration

**Check As Many As Apply**

1. A 1. ☐ Employer under the Income Tax Withholding Law (payroll tax)  
2. ☐ Withholding for Pension Plans, Annuities and Retirement Distributions
- B 1. ☐ Sales/Use Tax on Goods Vendor  
2. ☐ Sales/Use Tax on Telecommunications Services Vendor  
3. ☐ Meals Tax on Food and All Beverages  
4. ☐ Purchasing in MA for Out-of-State Resale Only
- C ☐ Room Occupancy Excise
- D ☐ Governmental or Charitable Exempt Purchaser  
E ☐ Chapter 180 Organization Selling Alcoholic Beverages  
F ☐ Use Tax Purchaser  
G ☐ Boston Sightseeing Tour Surcharge  
H ☐ Boston Vehicular Rental Transaction Surcharge  
I ☐ Parking Facilities Surcharge in Boston, Springfield and/or Worcester  
J ☐ Cigar and Smoking Tobacco Excise

**Note:** If you are selling cigarettes at retail, see instructions.

2. Federal Identification number	3. Social Security number	4. No. of locations
<div></div>	<div></div>	<div></div>

**Principal Place of Business**

5. Owner, partnership or legal corporate name	
Name (cont'd.)	
6. Number and street	
7. City or town	8. State
10. (Area code) Telephone number	9. Zip
( ) -	

**General Information.** If a corporation, trust, association, fiduciary, or partnership — you must complete Schedule TA-3.

11. Indicate type of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust or association <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Fiduciary <input type="checkbox"/> Partnership <input type="checkbox"/> Other (specify):	
12. Indicate type of business: <input type="checkbox"/> Retail trade <input type="checkbox"/> Wholesale trade <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Governmental <input type="checkbox"/> Finance <input type="checkbox"/> Real estate <input type="checkbox"/> Service <input type="checkbox"/> Other (specify):	13. Describe nature of business:
14. Business activity code	15. Check applicable box: <input type="checkbox"/> Profit <input type="checkbox"/> Non-profit
16. If subsidiary corporation	Name of parent corporation
17. If sole proprietor (sole owner)	Name of owner
18. Reason for applying: <input type="checkbox"/> Started new business <input type="checkbox"/> Purchased existing business — enter name, address, and Federal Identification number of previous owner	Federal Identification number
<input type="checkbox"/> Organizational change — Federal Identification number and close date of previous organization <b>must</b> be entered, or application will be returned. <input type="checkbox"/> Other (attach explanation)	Federal Identification number

**Background Information**

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? ☐ Yes ☐ 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? ☐ Yes ☐ No. B. Are you exempt from paying local property taxes? ☐ Yes ☐ No.

**Federal Identification number** \_\_\_\_\_

### Convention Center Financing District

**31.** Check here if your business location is within a hotel, motel or other lodging establishment in Boston or Cambridge: ☐

<b>32.</b> Is this location seasonal? (See instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No. If "yes," check month(s) or partial month(s) business operates.													<b>33.</b> Indicate 12-month <b>estimate</b> of tax to be withheld, collected or paid for <b>each</b> applicable tax. <b>Check the appropriate box(es).</b>					
	Check month(s)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Check appropriate box	\$0–\$100	\$101–\$1,200	\$1,201–\$25,000	over \$25,000
	Withholding													Withholding				
	Sales/Use on Goods													Check appropriate box(es)	\$0–\$100	\$101–\$1,200	over \$1,200	
	Sales/Use on Telecom. Services												Sales/Use on Goods					
													Sales/Use on Telecom. Services					
	Meals												Meals					
	Room Occupancy												Room Occupancy					
													Use Tax Purchaser					

## Withholding

### Sales/Use Tax on Goods

<b>36.</b> Date you were first required to collect sales/use tax at this location.	Mo 	Day 	Yr 	
--	--------	---------	--------	--

<b>37.</b> Date you were first required to collect sales/use tax on telecommunications services at this location.	Mo 	Day 	Yr 	
---	--------	---------	--------	--

40. Date you were first required to collect meals tax.

<b>41.</b> Name and address on liquor license at this location.		<b>42.</b> Seating capacity: <input type="text"/>

43. Date you were first required to collect room occupancy tax.	Mo	Day	Yr	44. Locality code	45. Number of rooms

46. Date you were first required to pay use tax.	Mo	Day	Yr	

<b>47.</b> Date you were first required to collect: a. Boston Sightseeing Tour Surcharge.	Mo	Day	Yr	
---	----	-----	----	--

b. Boston Vehicular Rental Transaction Surcharge. 

Mo	Day	Yr

c. Parking Facilities Surcharge in Boston, Springfield and/or Worcester. 

Mo	Day	Yr

48. Date you were first required to collect cigar and smoking tobacco excise.	Mo 	Day 	Yr 	
---	--------	---------	--------	--

I hereby certify that the statements made herein have been examined by me and are, to the best of my knowledge and belief, true and correct. Signed under the pains and penalties of perjury. The signing of this application is evidence that you may be individually and personally responsible for any sums required to be paid to the Commonwealth, under MGL, Chapters 62B, Sec. 5; 64G, Sec. 7B; 64H, Sec. 16 and 64I, Sec. 17.

Your signature	Title	Date
----------------	-------	------