

**REGIONAL INCOME TAX AGENCY
Business Registration Form**

GENERAL INFORMATION

City of:

Federal ID No: Soc. Sec. No. (only if a sole proprietor):

Please fill-in your filing status: Sole Proprietor Partnership Non-Profit Corporation

Local Name and Address as Used for Business Purposes:

Business Name:

Address #: Suite:

Street Name:

City:

State: Zip: - Phone: - -

If Corporate Subsidiary, Give Name and Address of Parent Company Main Office:

Business Name:

Address #: Suite:

Street Name:

City:

State: Zip: - Phone: - -

If Sole Proprietorship, Give Owner's Name and Home Address:

Name:

Address #: Suite:

Street Name:

City:

State: Zip: - Phone: - -

What date did you begin operations in RITA municipality (mm/dd/yy)?

Please List the Federal Business Activity Code or Fill-in the Oval that Best Describes the Activity:

Federal Business Activity Code:



