## TENNESSEE DEPARTMENT OF REVENUE Business Tax Registration Application

Answer all questions below completely, incomplete and unsigned applications will delay processing.

SSN of owner or FEIN of owning business, if available  SSN of owner or FEIN of owning business, if available  First and Last Name of Owner or Name of Owning Business  Telephone Number with Area Code  Email  Address  City  State  Zip Code  City  State  Zip Code  City  State  Zip Code  8. DBA Name (if different from #5 above)	Business FEIN or SSN (required)	2. Start Date for Locat	ion in Jurisdiction	3. Fisca	al Year End Date		
Sole Proprietorship	4 Type of Ownership:						
Other Spouse's SSN:  (choose one below)  Multi-Member LLC  Estate or Trust  Single Member LLC  Single Member LLC  Legal Name of Business  6. Primary Address (physical address where records are located, no P.O. box)  City  State  Zip Code  Title  Title  SSN of owner or FEIN of owning business, if available  First and Last Name of Owner or Name of Owning Business  First and Last Name of Owner or Name of Owning Business  Telephone Number with Area Code  Email  Address  City  State  Zip Code		Partnership	(all types)	Corporat	ion (all types)		
Estate or Trust Single Member LLC  5. Legal Name of Business  6. Primary Address (physical address where records are located, no P.O. box) City State Zip Code  7. Identify Owners. Officers. Members, or Partners (Attach additional names on separate sheet if needed. See instructions.))  Title  Title  SSN of owner or FEIN of owning business, if available  First and Last Name of Owner or Name of Owning Business  First and Last Name of Owner or Name of Owning Business  Telephone Number with Area Code  Email  Address  City State Zip Code  8. DBA Name (if different from #5 above)  9. Classification (select below or write in)  Classification (select below or write in)  Classification [Minimal Activity]		(choose one l	below)				
6. Primary Address (physical address where records are located, no P.O. box)  City State Zip Code  7. Identify Owners, Officers, Members, or Partners (Attach additional names on separate sheet if needed. See instructions.))  Title  SSN of owner or FEIN of owning business, if available  First and Last Name of Owner or Name of Owning Business  First and Last Name of Owner or Name of Owning Business  Telephone Number with Area Code  Email  Address  City State Zip Code  City State Zip Code  8. DBA Name (if different from #5 above)  9. Classification (select below or write in)  Classification:  10. License Type  Standard Minimal Activity	Estate or Trust						
7. Identify Owners, Officers. Members, or Partners (Attach additional names on separate sheet if needed. See instructions.))  Title  Title  SSN of owner or FEIN of owning business, if available  First and Last Name of Owner or Name of Owning Business  First and Last Name of Owner or Name of Owning Business  Telephone Number with Area Code  Email  Address  City  State  Zip Code  City  State  Zip Code  City  State  Zip Code  Oldssification (select below or write in)  Classification  Classification  Minimal Activity	5. Legal Name of Business				Matter		
Title  SSN of owner or FEIN of owning business. if available  SSN of owner or FEIN of owning business. if available  First and Last Name of Owner or Name of Owning Business  First and Last Name of Owner or Name of Owning Business  Telephone Number with Area Code  Email  Address  City  State  Zip Code  City  State  Zip Code  Email  Address  City  State  Zip Code  Last Name of Owner or Name of Owning Business  Telephone Number with Area Code  Email  Address  City  State  Zip Code  City  State  Zip Code  City  State  Zip Code  Last Name of Owner or Name of Owning Business  Telephone Number with Area Code	6. Primary Address (physical address where	e records are located; no P.C	D. box)	City	State	Zip Code	
SSN of owner or FEIN of owning business. if available  SSN of owner or FEIN of owning business. if available  First and Last Name of Owner or Name of Owning Business  Telephone Number with Area Code  Email  Address  City  State  Zip Code	7. Identify Owners, Officers, Members, or P	artners (Attach additional na	mes on separate sh	eet if needed. See instr	ructions.))		
First and Last Name of Owner or Name of Owning Business  First and Last Name of Owner or Name of Owning Business  Telephone Number with Area Code  Email  Address  Address  City  State Zip Code  City  State Zip Code  8. DBA Name (if different from #5 above)  9. Classification (select below or write in) Classification:  10. License Type Standard Minimal Activity	Title		Title				
Telephone Number with Area Code  Email  Address  City  State  Zip Code  City  State  Zip Code  8. DBA Name (if different from #5 above)  9. Classification (select below or write in)  Classification:  10. License Type  Standard  Minimal Activity	SSN of owner or FEIN of owning business, if available		SSN of owner or FEIN of owning business, if available				
Email  Address  Address  City State Zip Code City State Zip Code  8. DBA Name (if different from #5 above)  9. Classification (select below or write in) Classification:  10. License Type Standard Minimal Activity	First and Last Name of Owner or Name of C	wning Business	First and Last Na	me of Owner or Name	of Owning Busine	ss	
Address  City State Zip Code City State Zip Code  8. DBA Name (if different from #5 above)  9. Classification (select below or write in) Classification:  10. License Type Standard Minimal Activity	Telephone Number with Area Code		Telephone Number with Area Code				
City State Zip Code  8. DBA Name (if different from #5 above)  9. Classification (select below or write in) Classification:  10. License Type Standard Minimal Activity	Email		Email				
8. DBA Name (if different from #5 above)  9. Classification (select below or write in) Classification:  10. License Type Standard Minimal Activity	Address		Address				
9. Classification (select below or write in) Classification:  10. License Type Standard Minimal Activity	City	State Zip Code	City		State	Zip Code	
Classification:  10. License Type Standard Minimal Activity	8. DBA Name (if different from #5 above)						
Standard Minimal Activity	Classification (select below or write in)     Classification:						
11. Business Location Address (physical address only; no P.O. box)  City State Zip Code	10. License Type Standard Minimal Act	tivity					
	11. Business Location Address (physical ad	dress only; no P.O. box)		City	State	Zip Code	

	Business Activity at this Location						
13.	Business Mailing Address		City		State	Zip Code	
14.	Business Telephone Number	Business Fax Number	Business Email Address				
15.	Contact Name	Contact Telephone Number	Contact Email Address				
6. 5	Signatures Required! This appli of the entity listed above. Do no	cation must be signed by an or	wner, officer, member, or partner	For Depart	tment Us	se Only	
		***					
Т	he statements made on this appli	ication are true to the best of my	knowledge and belief				
	ignature:	fficer, Member, or Partner	knowledge and belief  Date:				

Electronic filing and payment of taxes is required for business tax. Please visit www.TN.gov/revenue for more information.