

**TENNESSEE DEPARTMENT OF REVENUE**  
**Business Tax Registration Application**

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

1. Business FEIN or SSN (required)	2. Start Date for Location in Jurisdiction	3. Fiscal Year End Date
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4. Type of Ownership:

**Sole Proprietorship**
                         
  **Partnership** *(all types)*
                         
  **Corporation** *(all types)*

**Marital Joint Ownership**  
 Other Spouse's SSN: \_\_\_\_\_
  **Limited Liability Company**  
*(choose one below)*

**Estate or Trust**
                         
  Multi-Member LLC
   
 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	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	Telephone Number with Area Code
Email	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

11. Business Location Address (physical address only; no P.O. box) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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12. Business Activity at this Location

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13. Business Mailing Address City State Zip Code

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14. Business Telephone Number Business Fax Number Business Email Address

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15. Contact Name Contact Telephone Number Contact Email Address

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<p>16. <b>Signatures Required! This application must be signed by an owner, officer, member, or partner of the entity listed above. Do not print or use a stamp.</b></p> <p>The statements made on this application are true to the best of my knowledge and belief</p> <p><b>Signature:</b> _____ <b>Date:</b> _____ <i>Owner, Officer, Member, or Partner</i></p> <p><b>Signature:</b> _____ <b>Date:</b> _____ <i>Owner, Officer, Member, or Partner</i></p>	<p style="text-align: center;"><b>For Department Use Only</b></p>
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**Electronic filing and payment of taxes is required for business tax.  
Please visit [www.TN.gov/revenue](http://www.TN.gov/revenue) for more information.**