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**For Office
Use Only**

All applicants should complete Sections A and D. Also complete any other sections that apply.
A separate application must be completed for each different physical address location. **(Sales Tax Only)**

<p>1. Type of Ownership:</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> C Corporation</td> <td><input type="checkbox"/> LLP</td> <td><input type="checkbox"/> Other Government</td> </tr> <tr> <td><input type="checkbox"/> S Corporation</td> <td><input type="checkbox"/> Partnership - General</td> <td><input type="checkbox"/> Sole Proprietor</td> </tr> <tr> <td><input type="checkbox"/> LLC-Partnership</td> <td><input type="checkbox"/> Partnership - Limited</td> <td><input type="checkbox"/> Other: Specify _____</td> </tr> <tr> <td><input type="checkbox"/> LLC-Corporation</td> <td><input type="checkbox"/> Federal Government</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Single Member LLC-Division of Parent</td> <td></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Single Member LLC-Sole Proprietorship</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> C Corporation	<input type="checkbox"/> LLP	<input type="checkbox"/> Other Government	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership - General	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> LLC-Partnership	<input type="checkbox"/> Partnership - Limited	<input type="checkbox"/> Other: Specify _____	<input type="checkbox"/> LLC-Corporation	<input type="checkbox"/> Federal Government	_____	<input type="checkbox"/> Single Member LLC-Division of Parent		_____	<input type="checkbox"/> Single Member LLC-Sole Proprietorship			<p>2. Identification:</p> <p>_____</p> <p style="text-align: center;">Federal I. D. Number</p> <p>_____</p> <p style="text-align: center;">Social Security Number</p>
<input type="checkbox"/> C Corporation	<input type="checkbox"/> LLP	<input type="checkbox"/> Other Government																	
<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership - General	<input type="checkbox"/> Sole Proprietor																	
<input type="checkbox"/> LLC-Partnership	<input type="checkbox"/> Partnership - Limited	<input type="checkbox"/> Other: Specify _____																	
<input type="checkbox"/> LLC-Corporation	<input type="checkbox"/> Federal Government	_____																	
<input type="checkbox"/> Single Member LLC-Division of Parent		_____																	
<input type="checkbox"/> Single Member LLC-Sole Proprietorship																			

3.a Legal Name.....

Home Office/Headquarters Address

City..... State County ZIP

Phone Number..... () Ext. Fax Number ()

3.b Business Name (DBA).....
MS Physical (Street) Address ☐ Inside the City Limits ☐ Outside the City Limits
City..... State County ZIP
Phone Number..... () Ext. Fax Number ()

3.c **Mailing Address.....** _____
City..... _____ State _____ County _____ ZIP _____
Phone Number..... () _____ Ext. _____ Fax Number () _____

4. Corporation organized under the laws of Mississippi? ☐ Yes Month/Day/Year _____ ☐ No

5. Date admitted or authorized to do business in Mississippi. _____

6. Where will **records** be maintained? (Check One) ☐ Home/Headquarters ☐ Physical/Business Address ☐ Other Address

If Other Address List:

7. Check tax applying for:

Sales/Use Tax Area				Income/Withholding Tax Area	
<input type="checkbox"/> Sales Tax	<input type="checkbox"/> Special County Tax	<input type="checkbox"/> Waste Tire Disposal Fee	<input type="checkbox"/> Corporate Income Tax	<input type="checkbox"/> Corporate Franchise Tax	<input type="checkbox"/> Withholding Tax
<input type="checkbox"/> Use Tax	<input type="checkbox"/> Special City Tax	<input type="checkbox"/> Temporary Amusement	<input type="checkbox"/> Withholding Tax	<input type="checkbox"/> Withholding Tax	<input type="checkbox"/> Withholding Tax
	<input type="checkbox"/> Motor Vehicle Rental Tax	<input type="checkbox"/> Occupancy Tax		(Employee Leasing Only)	

8. Date began at this physical address. (3.b) _____ Basis of reporting: ☐ Calendar Year
☐ Fiscal Year _____
(date of fiscal year)

9. Brief description of nature of business - Retail, Wholesale, Manufacturing, Contractor, or Other:

10. If no specific business location in Mississippi, indicate general area of activity (Counties). _____ ☐ Not Applicable

11. Who operated this business previously? (List Account Number) _____ ☐ Not Applicable

12. List other places of business in Mississippi. ☐ Not Applicable
Enter previous assigned Masterfile Number ☐ Not Applicable

**Route to
Registration
Section**

**Mississippi
Registration Application**

13. If C Corp, S Corp, LLC, LLP, or Partnership, list names of officers, directors, managing partners, or members who have any responsibility for fiscal management of the organization. (If more space needed, add additional page.)

Name	Address Information				Social Security Number	Title	% Owned
	Physical Address	City	State	Zip			

SECTION B: Out of State Applicants (complete this section)

- When did you begin selling or doing business in Mississippi? _____
- List all locations from which shipments will be made to Mississippi. ☐ Not Applicable _____
- Do you: Have a place of business in Mississippi? ☐ Yes ☐ No Have rental property in Mississippi? ☐ Yes ☐ No
Have an office in Mississippi? ☐ Yes ☐ No Have merchandise in a public warehouse? ☐ Yes ☐ No
Have a warehouse in Mississippi? ☐ Yes ☐ No Have salesmen soliciting in Mississippi? ☐ Yes ☐ No
- Name and street address of Mississippi registered office and registered agent. _____

SECTION C: Withholding Tax

Date Mississippi taxable wages first paid _____ Estimated monthly tax liability _____
 Number of Mississippi employees _____ If estimated tax liability is less ☐ Monthly ☐ Quarterly
 than \$300, check reporting preference:

SECTION D: Applicant Signature

I hereby certify that the above statements are true and correct to the best of my knowledge and belief. As indicated on this completed form, I hereby apply for the appropriate permit(s) to engage in business. I agree to pay any and all taxes due the State of Mississippi and to comply fully in all respects with the applicable Mississippi Tax Laws and any corresponding rules and regulations.

Print Name of Owner or Officer of Corporation Only _____

Title _____

Date _____

Signature of Owner or Officer of Corporation Listed in #13
(If Partnership, must be Managing Partner.) _____

Signature of Owner or Officer of Corporation Listed in #13
(If Partnership, must be Managing Partner.) _____

Signature of Owner or Officer of Corporation Listed in #13
(If Partnership, must be Managing Partner.) _____

For Office Use Only - Do Not Write in this Section

Additional Account to be included in Master File Number ☐ Yes ☐ No

	Monthly	Quarterly	Semi-Annual	Annual
Sales Tax.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of Rates.....	<input type="checkbox"/> Single	<input type="checkbox"/> Multiple		
Use Tax.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special City Tax.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special County Tax.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupancy Tax.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Rental Tax.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tire Disposal Fee.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Withholding Tax.....	<input type="checkbox"/>	<input type="checkbox"/>		

Monthly Norms:

Sales Tax _____
 Use Tax _____
 Withholding Tax _____

Secondary Agent: _____

Approved: _____

Agents Signature

Agents Number

Date

Date Issued _____

Sales Tax Account No. _____

Master File No. _____

Use Tax Account No. _____

Sales Tax City No. _____

Primary SIC _____

Additional SIC _____

Additional SIC _____

Additional SIC _____

Additional SIC _____

Additional SIC _____

Cash Bond _____