



Non-Resident Contractor's Application for Louisiana Revenue Account Number

Taxpayer Services Division
P.O. Box 4998
Baton Rouge, LA 70821-4998
(225) 219-7356, Option 3

PLEASE PRINT OR TYPE.

Date of application (mm/dd/yyyy) _____

1	<input type="checkbox"/> Sales/Use <input type="checkbox"/> Withholding <input type="checkbox"/> Non-employee Compensation <input type="checkbox"/> Other _____																																																																						
2	Indicate the account number you use for each tax filed with the Louisiana Department of Revenue. LA Corp. Tax Number None <input type="checkbox"/> LA Sales Tax Number None <input type="checkbox"/> LA Withholding Tax Number None <input type="checkbox"/> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																																																																						
3	Legal name(s) Trade name of business _____ Telephone _____																																																																						
4	Business location address (NO P.O. Box or General Delivery) City _____ State _____ ZIP _____																																																																						
5	Mailing Address for receiving tax forms and correspondence (If same as business location, write "same".) City _____ State _____ ZIP _____ Telephone _____																																																																						
6	Type of organization: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____																																																																						
7	U.S. NAICS Code (see instructions) required > <div style="border: 1px solid black; width: 100px; height: 20px;"></div>																																																																						
8	Federal Employer ID Number <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <input type="checkbox"/> None																																																																						
9	If sole owner (individual): Name _____ SSN > <div style="border: 1px solid black; width: 100px; height: 20px;"></div> Home address _____ Telephone _____ City _____ State _____ ZIP _____																																																																						
10	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="6" style="width:10%; text-align: center; vertical-align: middle;">If corporation or partnership: name, title, Social Security Number, home address, and telephone number of each officer or partner</td> <td colspan="3">Name _____</td> <td colspan="2">Title _____</td> <td>SSN ></td> <td colspan="4"><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> </tr> <tr> <td colspan="3">Address _____ City _____</td> <td>State _____</td> <td>ZIP _____</td> <td colspan="5">Telephone _____</td> </tr> <tr> <td colspan="3">Name _____</td> <td colspan="2">Title _____</td> <td>SSN ></td> <td colspan="4"><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> </tr> <tr> <td colspan="3">Address _____ City _____</td> <td>State _____</td> <td>ZIP _____</td> <td colspan="5">Telephone _____</td> </tr> <tr> <td colspan="3">Name _____</td> <td colspan="2">Title _____</td> <td>SSN ></td> <td colspan="4"><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> </tr> <tr> <td colspan="3">Address _____ City _____</td> <td>State _____</td> <td>ZIP _____</td> <td colspan="5">Telephone _____</td> </tr> </table>										If corporation or partnership: name, title, Social Security Number, home address, and telephone number of each officer or partner	Name _____			Title _____		SSN >	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>				Address _____ City _____			State _____	ZIP _____	Telephone _____					Name _____			Title _____		SSN >	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>				Address _____ City _____			State _____	ZIP _____	Telephone _____					Name _____			Title _____		SSN >	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>				Address _____ City _____			State _____	ZIP _____	Telephone _____				
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11	Louisiana Secretary of State Charter Number (if known) _____ State of incorporation (if not Louisiana) _____																																																																						
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14	Withholding Tax: (See instructions.) Select filing frequency. <input type="checkbox"/> quarterly <input type="checkbox"/> monthly <input type="checkbox"/> semi-monthly																																																																						
15	Description of business or work performed (required) (See instructions.): _____																																																																						

I affirm that the information given on this application is true and correct.

Applicant Name (Please print.)				Applicant Title			
Applicant Signature X						Date (mm/dd/yyyy)	
Preparer Name (Please print.)				Preparer Title			
Preparer Signature X						Date (mm/dd/yyyy)	