

COMBINED REGISTRATION APPLICATION  
FOR  
STATE OF DELAWARE  
BUSINESS LICENSE AND/OR  
WITHHOLDING AGENT



DF50415019999

DO NOT WRITE OR STAPLE IN THIS AREA

THIS FORM MUST BE COMPLETED BY ALL PERSONS OR COMPANIES CONDUCTING BUSINESS ACTIVITIES IN DELAWARE  
FAILURE TO COMPLETE ALL QUESTIONS AND/OR REMIT APPLICABLE FEE MAY RESULT IN THE DENIAL OF A BUSINESS LICENSE

TEMPORARY FOR OFFICE USE ONLY

3-

1 Enter Employer Identification Number 1-

OR

Social Security Number 2-

PART A - TO BE COMPLETED BY ALL TAXPAYERS THAT NEED TO REGISTER THEIR BUSINESS OR WITHHOLDING FOR THE FIRST TIME

|   |  |  |  |
|---|--|--|--|
| 1 Name  |  | 4 Mailing Address (If Different from Primary Location)   |  |
| 2 Trade Name (If different from above)  |  | City   |  |
| 3 Primary Location Address  |  | State Zip Code Country   |  |
| City  |  | 5 Accounting Period (Check One) Fiscal Year - 12 Month Basis Ending Calendar Year                    |  |
| State Zip Code Country  |  | Enter Month and Day of Fiscal Year Ending MM DD  |  |
| 6 If Incorporated Enter State Incorporated                                      |  | 7 Date Incorporated MM/DD/YY   |  |
| 8 When did or when will you begin operating in Delaware MM/DD/YY                |  | 10 Sub Chapter S Corporations only - Do you have Shareholders that DO NOT reside in Delaware? YES NO |  |
| 9 Type of Ownership (See instructions)  |  | 11 Parent Company Name   |  |
| 12 Parent Employer Identification Number  |  | 13 Previous Business Name  |  |
| 14 Previous Identification Number   |  | 15 Individual who may be contacted regarding tax matters.  |  |
| First Name Last Name  |  | Phone FAX Email Address  |  |
| 16 Identify Owners, Partners, Corporate Officers, Registered Agent or Trustees. |  | Social Security Number   |  |
| First Name Last Name  |  | Title  |  |
| 17 Fully Describe ALL Business Activities (MUST BE COMPLETED)                   |  |  |  |

PART B - TO BE COMPLETED BY ALL TAXPAYERS

1 Will you have employees that work in Delaware or withhold DE state tax from DE residents that do not work in DE? YES NO

PART C - TO BE COMPLETED BY TAXPAYERS APPLYING FOR A LICENSE

If you sell tires at retail and/or you sell prepaid wireless telecommunication services at retail in Delaware from this location, you must submit additional license applications.

|  |  |   |  |
|--|--|---|--|
| 1 Name   |  | 2 Trade Name (If different)   |  |
| 3 Physical License Location Address  |  | 4 Mailing Address (If Different from Physical License Location)           |  |
| City   |  | City  |  |
| State Zip Code Country   |  | State Zip Code Country  |  |
| 5 When did or when will you begin operating in Delaware? MM DD YY                            |  | 6 For what calendar year are you applying? Calendar year ending 12-31- YY |  |
| 7 Describe This License Activity (Must be completed)   |  | Bus Code  |  |
| 8 Check if 65 years or older and whose total sales are less than \$10,000 (See Instructions) |  | 9 Total Fee   |  |

PLEASE READ PART C INSTRUCTIONS TO COMPLETE BUSINESS CODE AND COMPUTATION OF THE FEE.

MAKE CHECK PAYABLE AND MAIL TO: DELAWARE DIVISION OF REVENUE, P.O. BOX 8750, Wilmington, DE 19899-8750

SIGNATURE

TITLE

DATE

I declare under penalties as provided by law that the information on this application is true, correct and complete.

Rev. 09/15



**REGISTRATION APPLICATION  
FOR  
STATE OF DELAWARE  
ADDITIONAL BUSINESS LICENSE**



DF50515019999

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FAILURE TO COMPLETE ALL QUESTIONS AND/OR REMIT APPLICABLE FEE MAY RESULT IN THE DENIAL OF A BUSINESS LICENSE**

TEMPORARY FOR OFFICE USE ONLY

3-

1 Enter Employer Identification Number 1-

OR

Social Security Number 2-

**TO BE COMPLETED BY TAXPAYERS APPLYING FOR A LICENSE**

If you sell tires at retail and/or you sell prepaid wireless telecommunication services at retail in Delaware from this location, you must submit additional license applications.

1 Name

2 Trade  
Name  
If different

3 Physical  
License  
Location  
Address

4 Mailing  
Address  
(If Different  
from  
Physical  
License  
Location)

City

City

State  Zip Code  Country

State  Zip Code  Country

5 When did or when will you begin operating in Delaware?

MM DD YY

6 For what calendar year are you applying? Calendar year ending

12-31-YY

7 Describe This License Activity  
(Must be completed)

Bus Code

8 ☐ Check if 65 years or older and whose total sales are less than \$10,000 (See Instructions)

**PLEASE READ INSTRUCTIONS TO COMPLETE BUSINESS CODE AND COMPUTATION OF THE FEE.**

9 Total Fee

**MAKE CHECK PAYABLE AND MAIL TO: DELAWARE DIVISION OF REVENUE, P.O. BOX 8750, Wilmington, DE 19899-8750**

**Important information regarding the term of a business license:**

In general, licenses are issued on a calendar year basis. Licenses issued for a new business shall be for a term of 1 year; expiring on December 31. If the business starts during the calendar year, the initial license can be prorated according to the month that the business started. Upon renewal, you will be give the option to renew for 1 year, or 3 years. If you choose to renew a certain activity for 3 years, then all locations with that same activity must also be renewed for the 3 year period.

When purchasing a license for an additional location where the existing location is operating with a 3 year business license, use the same tax year end as the existing license to prorate the fee for the additional location, so that both licenses will expire on the same day - keeping the renewal periods aligned.

SIGNATURE

TITLE

DATE

I declare under penalties as provided by law that the information on this application is true, correct and complete.

Rev. 09/15

**SPECIAL REQUIREMENTS FOR CONTRACTORS**

ALL RESIDENT AND NON-RESIDENT CONTRACTORS must complete the following check list and attach all required documentation and this form to their Combined Registration Application. Please see the instructions on the back of this form. You should also get a copy Technical Information Memorandum TIM 93-5 for contractors. If you did not receive the required forms or if you have questions, contact the Division of Revenue at (302) 577-8205.

**RESIDENT BUILDING TRADES CONTRACTORS** ☐

Check Off

1. DEPARTMENT OF LABOR FORM UC-1 (Must be completed and attached even if you do not have employees). ☐
2. INDUSTRIAL ACCIDENT BOARD FORM (Must be completed and attached even if you do not have employees). ☐
3. Will you subcontract? YES ☐ NO ☐ If yes, complete and attach Division of Revenue Form 5060, Statement of Contractors Awarded by General Contractors and Subcontractors. *The civil penalty for failure or refusal to comply with this section is a fine of up to \$10,000 for each occurrence.*
4. Are you applying for a business license for bidding purposes only? YES ☐ NO ☐
5. Complete Part C of the Combined Registration Application and attach your check for the license fee. ☐  
The license fee is not required if the application is being submitted for bidding purposes only.

**NON-RESIDENT BUILDING TRADES CONTRACTORS** ☐

1. DEPARTMENT OF LABOR FORM UC-1 (Must be completed and attached even if you do not have employees). ☐
2. INDUSTRIAL ACCIDENT BOARD FORM (Must be completed and attached even if you do not have employees). ☐
3. Will you subcontract? YES ☐ NO ☐ If yes, complete and attach Division of Revenue Form 5060, Statement of Contractors Awarded by General Contractors and Subcontractors. *The civil penalty for failure or refusal to comply with this section is a fine of up to \$10,000 for each occurrence.*
4. Are you applying for a business license for bidding purposes only? YES ☐ NO ☐
5. Non-resident contractors must supply a bond equal to 6% of the contract(s) totaling \$20,000 or more with this application. If you don't have a bonding requirement at this time, check the box on this line and skip item number 6. ☐  
A bond is required at the time when the total of all contracts exceeds \$20,000.

| 6. | Name & Address of person(s) with whom you have this contract(s) | Contract Period | Contract Amount \$ |
|----|---|-----------------|--------------------|
|    |   |                 |                    |
|    |   |                 |                    |
|    |   |                 |                    |

Total Contracts \$ \_\_\_\_\_ x .06 = \$ \_\_\_\_\_ (Amount of Bond)

Type of Bond: ☐ Cash (Attach Form 1125-C) ☐ Surety (Attach Form 1125)

Name of Bonding Company \_\_\_\_\_ Bond Number \_\_\_\_\_ Value \$ \_\_\_\_\_

Letter of Credit ☐ Bank Name \_\_\_\_\_ (Requires Director of Revenue's approval.)

7. Complete Part C of the Combined Registration Application and attach your check for the license fee. ☐  
The license fee is not required if the application is being submitted for bidding purposes only.

I declare under penalties as provided by law that this application has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement.

Signature

Title

Date

STATE OF DELAWARE  
Mail This Copy With Remittance  
Payable To  
Delaware Division of Revenue  
P.O. Box 8995  
Wilmington, DE 19899-8995

INITIAL  
MONTHLY  
EMPLOYER'S REPORT OF  
DELAWARE TAX WITHHELD

DO NOT WRITE OR STAPLE IN THIS AREA 089 OR 090

Employer Identification Number

1

-

Social Security Number

2

-

-

BUSINESS NAME AND ADDRESS

MAILING ADDRESS IF DIFFERENT

FOR OFFICE USE ONLY

Suffix

PAYMENT DUE DATE 15 days after end of month

PAYMENT FOR PERIOD

| FROM  |     |      | TO    |     |      |
|-------|-----|------|-------|-----|------|
| Month | Day | Year | Month | Day | Year |
|       |     |      |       |     |      |

|                                       |    |
|---------------------------------------|----|
| 1. AMOUNT WITHHELD AND DUE FOR PERIOD | \$ |
| 2. AMOUNT REMITTED                    | \$ |

X AUTHORIZED SIGNATURE (I DECLARE UNDER PENALTIES OF PERJURY THAT THIS IS A TRUE, CORRECT AND COMPLETE RETURN.)

DATE

TELEPHONE NUMBER

STATE OF DELAWARE  
Mail This Copy With Remittance  
Payable To  
Delaware Division of Revenue  
P.O. Box 2340  
Wilmington, DE 19899-2340

INITIAL  
QUARTERLY  
GROSS RECEIPTS  
TAX RETURN

DO NOT WRITE OR STAPLE IN THIS AREA 028

Employer Identification Number

1

-

Social Security Number

2

-

-

BUSINESS NAME AND ADDRESS

MAILING ADDRESS IF DIFFERENT

FOR OFFICE USE ONLY

S

B

S

B

FILING PERIOD

BUSINESS DESCRIPTION

| PAYMENT FOR QUARTER ENDING | PAYMENT DUE DATE                                     |
|----------------------------|--|
|                            | Last day of first month following the end of quarter |

GROSS RECEIPTS

|   |      |
|---|------|
| 1. TOTAL GROSS RECEIPTS                     | \$   |
| 2. LESS EXCLUSION                           | \$   |
| 3. TAXABLE AMOUNT                           | \$   |
| 4. GROSS RECEIPTS TAX, LINE 3 X TAX RATE    | = \$ |
| 5. APPROVED TAX CREDITS                     | \$   |
| 6. BALANCE DUE. SUBTRACT LINE 5 FROM LINE 4 | \$   |

X AUTHORIZED SIGNATURE (I DECLARE UNDER PENALTIES OF PERJURY THAT THIS IS A TRUE, CORRECT AND COMPLETE RETURN.)

DATE

TELEPHONE NUMBER