APPLICATION FOR INCOME TAX WITHHOLDING AND SALES & USE TAX PERMIT

NORTH DAKOTA OFFICE OF STATE TAX COMMISSIONER

SFN 59507 (9-2013)

(Check all applicable)

- ☐ Prepaid Wireless 911 Fee
- ☐ Sales and Use Tax
- ☐ Withholding Tax

Application Purpose

- ☐ New Business
- ☐ Change in Ownership
- ☐ Additional Location
- ☐ Additional Tax Type

FOR OFFICE USE ONLY

S/U _____

W/H _____

PPW _____

_____

(Please Print)

1. Taxpayer Legal Name		2. FEIN/SSN	
3. Doing Business As Name *(if different from line 1)*		4. Business Telephone Number	
5. Business Location Address *(not a PO Box)*	City	State	ZIP Code
6. Mailing Address *(if different from line 5)*	City	State	ZIP Code

7. Type of Entity

☐ Sole proprietorship ☐ "C" corporation ☐ Partnership ☐ "S" corporation ☐ Government ☐ LLP ☐ LLLP ☐ LLC

If you indicated above that you are an LLC, indicate how you are filing for federal income tax purposes

☐ "C" corporation - 1120 ☐ Partnership - 1065 ☐ "S" corporation - 1120S

☐ Disregarded entity - Owner's name: _____

SSN or FEIN: _____

8. Enter NAICS Code if known _____

9. Type of Business ☐ Retailer ☐ Manufacturer ☐ Farm/Ranch ☐ Wholesaler ☐ Contractor ☐ Other _____

10. Business Activity: List the principal products or activities of your firm. Following each item, list the percentage of sales value or receipts received from the product or activity; i.e., construction of homes 75%, retail sales of furniture 25%.

_____ ____ % _____ ____ %

Note: Sole proprietorships can only have one owner.

11. Name of Owners, Partners, Corporate Officers, Governors, Managers, or Members (Attach additional sheets if needed.)
Social Security numbers are required for issuance of permit. Corporate officers of corporations, Governors or Managers of LLC's, and General Partners of LLLP's may post a bond in lieu of personal liability pursuant to N.D.C.C. §§ 57-39.2-18.1, 57-39.2-15.2, 57-39.2-15.3, 57-38-60.1, 57-38-60.2 and 57-38-60.3.

Name	Address	Title	Home Telephone Number	Social Security Number	Percent Owned

12. Complete if you acquired the business in whole or in part

a. Date of acquisition _____ (Month / Day / Year)

b. Prior owner's business name and address _____

c. Prior owner's sales/use tax number _____ Is prior owner still in business? ☐ Yes ☐ No

Visit North Dakota's New Business Registration site at www.nd.gov/businessreg for general information and registration forms.

Prepaid Wireless Telecommunication 911 Fee

13. Do you sell prepaid wireless airtime cards, prepaid wireless minutes or plans? ☐ Yes ☐ No

If yes, provide beginning date you started selling these telecommunications services _____

Sales & Use Tax

14. Beginning date of operations for North Dakota sales/use tax _____
Month Day Year

15. Do you currently have or have you had a sales and use tax permit in North Dakota? ☐ Yes Permit No. _____ ☐ No

16. Is business seasonal or part time? ☐ Yes ☐ No If seasonal, give period of operation _____

If business is temporary, give approximate time period of business activity in North Dakota _____ through _____

17. Will you be selling alcohol? ☐ Yes ☐ No

18. Will you be selling farm equipment? ☐ Yes ☐ No

If sales returns should be mailed to a different address, indicate below.

19. Name of Sales Tax Return Preparer	20. Business Telephone Number	
21. Address of Preparer *(Street or PO Box, City)*	State	ZIP Code

22. Name of individual to contact for sales tax matters _____ Telephone Number _____

Withholding Tax

23. Beginning date of North Dakota Income Tax Withholding _____
Month Day Year

24. Estimated number of employees in North Dakota and estimated wages to be paid in current calendar year.

Number of employees _____ Amount of wages _____

If withholding returns should be mailed to a different address, indicate below.

25. Name of Withholding Tax Return Preparer	26. Business Telephone Number	
27. Address of Preparer *(Street or PO Box, City)*	State	ZIP Code

28. Name of individual to contact for withholding tax matters _____ Telephone Number _____

Application must be signed by authorized individual

Signature: _____ Date: _____
(Authorized Individual)

Print name: _____ Title: _____ Phone No: _____

I declare under the penalties of North Dakota Century Code ch. 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this application, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete application.

PRIVACY ACT NOTIFICATION

In compliance with the Privacy Act of 1974, disclosure of a social security number or Federal Employer Identification Number (FEIN) on this form is required under N.D.C.C. §§ 57-01-15, 57-38-56, and 57-39.2-19, and will be used for tax reporting, identification, and administration of North Dakota tax laws. Disclosure is mandatory. Failure to provide the social security number or FEIN may delay or prevent the processing of this form.

Send completed form to:

Fax: 701.328.0332
E-mail: taxregistration@nd.gov

Office of State Tax Commissioner
Business Registration
600 E. Boulevard Ave., Dept. 127
Bismarck, ND 58505-0599
Phone: 701.328.1241