

**IBERVILLE PARISH SALES TAX DEPARTMENT**

P.O. Box 355 • Plaquemine, LA 70765 • Ph: 225-687-5200 • Fax: 225-687-5226

**Sales and Use Tax Registration Application**

NOTE: A separate application is required for each location

PLEASE SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING THIS FORM.

Check all that apply:  Sales Tax  OLT  Hotel/Motel Mail Blank Sales Tax Reports  Yes  No

1. Reason for applying:

- A. Started new business
- B. Purchased ongoing business: Name of previous owner \_\_\_\_\_
- C. Opening additional location
- D. Merger \_\_\_\_\_ Trade name of previous owner \_\_\_\_\_  
and \_\_\_\_\_ Parish account number \_\_\_\_\_
- E. Change of name
- F. Other \_\_\_\_\_

- 2. A. LA Sales Tax Number \_\_\_\_\_  Applied For  None
- B. Federal Identification Number \_\_\_\_\_  Applied For  None
- C. Federal Standard Industrial Code \_\_\_\_\_ (if unknown, please leave blank)
- D. How many other locations in this Parish \_\_\_\_\_

- 3. A. Legal name(s): Individual, partners, or corporation \_\_\_\_\_
- B. Trade name of business \_\_\_\_\_

- 4. A. Business location address (street - not P.O. Box) \_\_\_\_\_ B. City and State: \_\_\_\_\_
- C. Zip \_\_\_\_\_ D. Telephone ( ) \_\_\_\_\_ E. Parish in LA: \_\_\_\_\_

- 5. A. Address for receiving tax forms and correspondence (if same as location, write "Same") \_\_\_\_\_
- B. City and State \_\_\_\_\_ C. Zip \_\_\_\_\_

- 6. A. Contact Person \_\_\_\_\_ B. Contact Phone number ( ) \_\_\_\_\_
- C. Fax number \_\_\_\_\_ D. E-mail address \_\_\_\_\_ E. Web Address \_\_\_\_\_
- F. Location of accounting records \_\_\_\_\_

- 7. Type of organization  A. Individual  B. Partnership  C. Corporation  D. LLC  E. LLP
- F. Governmental  G. Non-profit  H. Other \_\_\_\_\_

- 8. If sole owner (individual): Name \_\_\_\_\_ SSN: \_\_\_\_\_
- Home address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

- 9. If Corporation, LLC, LLP, or Partnership: name, title, social security #, home address, and telephone # of officers, members, managers, or partners:
- |         |                |              |
|---------|----------------|--------------|
| Name    | Title          | SSN          |
| Address | City State Zip | Phone Number |
| Name    | Title          | SSN          |
| Address | City State Zip | Phone Number |

- 10. Agent for service of process: name, physical address and phone #: \_\_\_\_\_

- 11. A. First date sales will be made from this location \_\_\_\_\_ B. Date business first started operations \_\_\_\_\_

- 12. A. Nature of business:  Retail Sales  Repair Service  Retail Service  Wholesale  Contractor
- Manufacturing/Fabricating  Other \_\_\_\_\_
- B. Describe in detail your business: Type of sales, activity, or service you perform: \_\_\_\_\_

- 13. Requested Reporting Status:  Monthly  Quarterly  Semi-Annual  Annual  Occasional/Irregular
- Reporting frequency and filing status will be determined by the Administrator according to parish policy. Businesses with a location within a parish will automatically be registered to file on a monthly basis. Occasional/irregular filers are intended for those businesses (1) that do not have a location within the parish and do not intend on doing business within the parish on a regular basis; and/or (2) business that perform services that are not taxable.

- 14. Where do you anticipate your taxable transactions to occur? Check box(s) below:
- Parish Wide

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

Signature of Applicant \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Preparer \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY

Visit Iberville Parish Sales Tax Department website at [www.ibervilleparish.com](http://www.ibervilleparish.com)

Visit Louisiana Association of Tax Administrators website @ [www.laota.com](http://www.laota.com)