

Legal name: \_\_\_\_\_

Doing business as: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Requesting Copy of a Business eFile (BEN) Letter and Permit**

Sales Tax, Automobile Rental, Hotel/Motel Permit: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Consumer's Use Tax Permit: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Retailer's Use Tax Permit: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Water Service Excise Tax Permit: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Withholding Tax Permit: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Fuel Tax Permit or License: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Individual Income Tax

(Provide Social Security Number): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Corporation Income Tax

(Provide Federal Employer Identification Number) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Mailing Address**

The mailing address will be effective for all tax types listed above. Specify if a different mailing address is requested for different tax permits.

Permit number(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Signature**

This form must be signed by the owner, power of attorney, authorized partner, officer or responsible party on record with the Department.

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this form, and, to the best of my knowledge and belief, it is true, correct, and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Contact email: \_\_\_\_\_

**Questions?**

Contact Taxpayer Services  
Phone: 515-281-3114 or 800-367-3388  
Email: idr@iowa.gov

**Submit this form by:**  
Fax: 515-281-3906

**Mail to:** Registration Services  
Iowa Department of Revenue  
PO Box 10470, Des Moines IA 50306-0470

For Office Use Only:



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