

**Applicant Information.** Type or print legibly. Incomplete applications will delay processing.  
Depending on business ownership type, complete section 1, 2, or 3.

**SECTION 1, or**

Type of Ownership  
 Government      Legal name: \_\_\_\_\_  
Federal Employer Identification Number (FEIN): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**SECTION 2, or**

Type of Ownership (check one)  
 Corporation       Limited Liability Company (File business income on IA 1120  
Corporate Income Tax Return)  
 Partnership       Limited Liability Partnership (File business income on IA 1065  
Partnership Return of Income)  
 Association

Legal name: \_\_\_\_\_  
Federal Employer Identification Number (FEIN): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Owners, General Partners, Corporate Officers, and Responsible Parties - Print the name, SSN, and address of all individuals who are owners, partners, officers, or responsible parties. Include additional sheets if necessary.

Individual last name: \_\_\_\_\_ First name: \_\_\_\_\_  
SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Home address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Individual last name: \_\_\_\_\_ First name: \_\_\_\_\_  
SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Home address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Individual last name: \_\_\_\_\_ First name: \_\_\_\_\_  
SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Home address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**SECTION 3**

Type of Ownership (check one)  
 Sole Proprietor (One person and not an LLC. Spouses cannot be registered as a sole proprietor.)  
 Limited Liability – Single Member (File business income on a federal 1040, Schedule C)

Social Security Number (SSN): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last name: \_\_\_\_\_ First name: \_\_\_\_\_

For Office Only:

**Business Information.**

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

Location address: \_\_\_\_\_

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

Iowa county name: \_\_\_\_\_

Phone 1: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Ext. \_\_\_\_\_ Type: Business  Fax

Phone 2: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Ext. \_\_\_\_\_ Type: Business  Fax

Email: \_\_\_\_\_

Date business established: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

State in which established: \_\_\_\_\_

Start date for selling at retail: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Cannot be prior to 07/01/2018.)

Mailing address: Check if same as above

Attention: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

Filing Frequency (check one)

- Semimonthly – collect more than \$5,000 tax/month (electronic payment required)
- Monthly – collect more than \$500 but not more than \$5,000 tax/month
- Quarterly – collect \$500 or less tax/month
- Annually – collect less than \$120 tax/year

**Signature.** This application must be signed by the owner, partner, or corporate officer.

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

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

You are allowed to conduct business after submitting an application. A return must be filed even if there is no activity or no tax due, or until the permit is cancelled. A tax permit number and Business eFile Number (BEN) letter will be sent in the mail.

**Questions?**

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