



Preview of the Online Business Registration Form

Instructions Part 1



Business Tax Registration

[Contact Us](#)

Returning User?

If you already have an incomplete application with us, [Log In](#) to retrieve your incomplete application.

Welcome to the State of Iowa Business Tax online registration system. **After reading these instructions carefully**, click the "Start" button at the bottom of this page to begin.

IMPORTANT: GET PIN

- At the top of the Business Ownership screen (Step 2) you will first be presented with a button that says Get PIN. Please click on this button to obtain your UserID and PIN which may be used to re-access a saved application within the next 7 days.

Iowa Smokefree Air Act

To learn more about your responsibilities, visit the [Iowa Department of Public Health Web site](#) or call them at 1-888-944-2247.

Web Browser Requirements

✔ Your current browser meets the required minimum configuration.

Instructions Part 2

You may register for the following Iowa permits online: 

- Sales Tax
- Automobile Rental Tax
- Hotel/Motel Tax
- Household Hazardous Materials
- Consumers use Tax
- Out-Of-State Retailer's use Tax
- Withholding Tax
- Corporation Income Tax
- Partnership Income Tax

You may register for the following types of businesses: 

- Sole Proprietor
- Government
- Association
- Corporation
- Partnership
- Limited Liability Company
- Limited Liability Partnership

Before you begin, please have the following information ready:

- Federal Employers ID Number (FEIN), if applicable
- Business owners and their Social Security Number(s) (SSN)

If you are unable to complete this process in one sitting...

your information is saved at the completion of each step, and you can quit at any time. You will be assigned a UserID and PIN immediately. If you cannot complete the application, you will use that information to access your partially completed applications within 7 days of beginning the process. Partially completed application will be deleted after 7 days.

Instructions Part 3

This application has been divided into six simple steps.

Be sure to complete all six steps. Your **USERID** and **PIN** will be made available after you complete the business information step (Step 1).

- **Step 1:** Business Information
- **Step 2:** Business Ownership
- **Step 3:** Business Details
- **Step 4:** Tax Registration
- **Step 5:** Application Review
- **Step 6:** Sign and Submit the Application

Use the **Help Icon** located at the top right corner of every page to view questions and answers associated with that page, or to submit your own question.

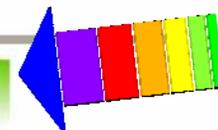
Within 4-6 weeks you will receive in the mail:

- **Sales Tax & Retailer's Use Tax :** A letter containing your Business eFile Number (BEN), your permit number, and a printed permit.
- **Consumer's Use Tax & Withholding:** A letter containing your Business eFile Number (BEN) and your permit number. The letter will not include a printed permit.

When you finish registering, print a copy of the summary screen for your records.

IDR Home

Start



Business Information

BUSINESS INFORMATION

Business Ownership

All details marked **Req** must be completed before you can proceed to the next page.
You will be given an opportunity to review and edit your application after you complete the first 4 steps.

Business Details

Tax Registration

Req Legal Name: ?

Application Review

Business Trade Name:

Sign and Submit

Req Business Location: ?
(NOT Post Office Box)

Req Location City

Req State, Zip-Code: - State - ,
(USA USERS ONLY)

Foreign Zip-Code
(FOREIGN USERS ONLY)

Country
(FOREIGN USERS ONLY)

Req Location County: - County -

Req Primary Phone: Ext:
(USA USERS ONLY)

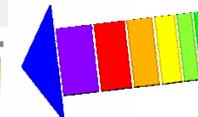
Secondary Phone : Ext:

Business Fax:

Req Primary Activity: ?

Previous Business Owner:

**Enter
Business
Information**



Get PIN and Select Business Ownership



Department of
IOWA REVENUE

Revenue Home

Search...

BUSINESS OWNERSHIP [GET PIN](#) [Help](#) [Contact Us](#)

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[Business Ownership](#)

[Business Details](#)

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[Sign and Submit](#)

Welcome *John Smith*

Select the type of ownership that best describes your business. You **MUST** select one option.

Req Type of Business Ownership [?](#)

- Sole Proprietor
- Government
- Association
- Corporation
- Partnership
- Limited Liability Company
- Limited Liability Partnership
- Limited Liability - Single Member
- Other (i.e. estate, trust, etc.) [?](#)

[Delete](#) [Quit](#) [Save and Continue](#)

Get PIN: Be sure to write down this information or print the screen. You will need the User ID and PIN if you need to stop the process and finish later.



SOLE PROPRIETOR
DETAILS

[GET PIN](#)

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[Sign and Submit](#)

Please provide all information related to your business. All required fields are marked **Req** and **MUST** be completed before you can continue.

Req Social Security Number (Numbers Only):

Req Date on which business was established:

Req State in which business was established:

CONTACT REGARDING APPLICATION [?](#)

If you would like questions regarding this application mailed to an address other than the business location shown below, please update!

Contact Name:

Mailing Address:

City:

State, Zip-Code (IF IN USA)

Foreign Zip-Code (IF OUTSIDE USA)

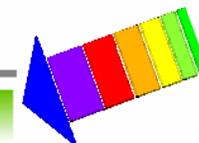
Country (IF NOT USA)

Email Address: [?](#)

[Delete](#)

[Quit](#)

[Save and Continue](#)



**Details and
Contact
Information**

[GET PIN](#)

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[Business Information](#)

TAX REGISTRATION

[Business Ownership](#)

Select the options that apply to your business. All required fields are marked **Req** and **MUST** be completed before you can continue.

[Business Details](#)

Req Do you wish to register for any of the taxes shown below that apply to a Sole Proprietor located in IA ? Yes No

[Tax Registration](#)

You must select one or more registration option(s) **?** if registering for licenses!

[Application Review](#)

[Sign and Submit](#)

Sales Tax

Sales Dependent Taxes

Automobile Rental Tax

Hotel/Motel Tax

Household Hazardous Material Fee

Consumer's Use Tax

Withholding Tax

Within 4-6 weeks, you will receive in the mail:

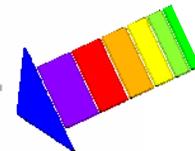
- Sales Tax & Retailer's Use Tax : A letter containing your Business eFile Number (BEN), your permit number, and a printed permit.
- Consumer's Use Tax & Withholding: A letter containing your Business eFile Number (BEN) and your permit number. The letter will not include a printed permit.

When you finish registering, print a copy of the summary screen for your records for proof to suppliers that you may purchase goods for resale.

[Delete](#)

[Quit](#)

[Save and Continue](#)



Tax Registration

**SALES TAX
REGISTRATION**

[GET PIN](#) [Help](#) [Contact Us](#)

Business Information

Business Ownership

Business Details

Tax Registration

Application Review

Sign and Submit

Please provide the following information. All fields marked **Req** **MUST** be completed before you can continue.

Req Register for a sales tax permit? Yes No

Req Start date for selling at retail in Iowa (mmddyy):

Add location to a consolidated permit? Yes No

Consolidated Permit Number

Req How much sales tax do you expect to collect?

Req What method will be used to pay taxes Check EFT

MAILING ADDRESS
If you would like correspondence mailed to an address other than the location address, please complete the section below.

Contact Name:

Mailing Address:

Mailing City:

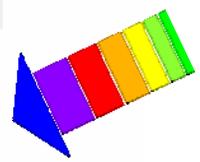
State, Zip-Code: ,
(IN USA)

Foreign Zip-Code
(IF NOT IN USA)

Country
(IF NOT USA)

[Delete](#) [Quit](#) [Save and Continue](#)

**Sales Tax
Registration**



WITHHOLDING TAX

Summary

GET PIN

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Contact Us

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Application Review

Sign and Submit

Please provide the following information. All fields marked **Req** **MUST** be completed before you can continue.

Req Register for a withholding tax permit? Yes No

Req Federal Employees ID (FEIN): OR Applied for **?**

Req Starting date for withholding Iowa income tax:

Req How much tax do you expect to withhold?

Req What payment method will you use? Check EFT **?**

Person with authority/responsibility for tax payments: **?**

Social Security Number:

MAILING ADDRESS

If you would like correspondence mailed to an address other than the location address, please complete the section below.

Contact Name :

Mailing Address:

City:

State, Zip-Code
(IF IN USA)

Foreign Zip-Code
(IF OUTSIDE USA)

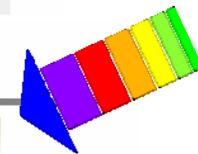
Country
(IF NOT USA)

Delete

Quit

Save and Continue

**Withholding
Tax
Registration**



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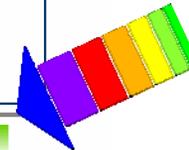
Application Review

[Sign and Submit](#)

This is a summary of your application at this time. You must sign and submit your application by using the [Sign and Submit](#) button which appears at the bottom of this page when all required information has been provided. To edit your application, click on the title at the top of each section.

<p>BUSINESS INFORMATION</p> <p>Legal Name: John Smith</p> <p>Trade Name: John's Tire Co.</p> <p>Location: 123 45th St, Des Moines, IA 12345</p> <p>County: Polk - 77</p> <p>Phone1: 123 456 7890</p> <p>Phone2:</p> <p>Fax:</p> <p>Activity: Tire sales</p> <p>Prev Owner:</p>	<p>SALES DEPENDENT TAXES</p> <p>HOTEL /MOTEL TAX Permit? Not Needed</p> <p>AUTOMOBILE RENTAL TAX Permit? Not Needed</p> <p>HOUSEHOLD HAZARDOUS MATERIAL Permit? Not Needed</p> <hr/> <p>CONSUMER'S USE TAX Permit? Not Needed</p> <hr/> <p>WITHHOLDING TAX Permit? Not Needed</p>
<p>BUSINESS OWNERSHIP</p> <p>Ownership: Sole Proprietor</p>	
<p>BUSINESS DETAILS</p> <p>SSN: 123 45 6789</p> <p>Est On: 01/01/ 10</p> <p>Est In: IA</p> <p>Address: John's Tire Co. Same as Location</p> <p>Email:</p>	
<p>SALES TAX</p> <p>Permit? Needed</p> <p>Start: 01/01/10</p> <p>Consolidated?</p> <p>Consolidate#:</p> <p>Estimated Tax: \$10-\$500 tax/month (File Quarterly)</p> <p>Payment: EFT</p> <p>Address: John's Tire Co. Same as Location</p>	

Application Review



“Sign and Submit”

Department of
IOWA  **REVENUE**

Search...

Revenue Home

Business Information Summary **GET PIN** Help Contact Us

SIGNATURE

Business Ownership

Business Details

Tax Registration

Application Review

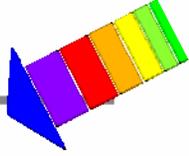
Sign and Submit

Entering your name constitutes a signature for this application. The name entered should be that of the owner, one of the partners or one of the corporate officers

Req Full Name:

Social Security Number:

Date: 6/24/2010



ALERT !

Please note that once you click on sign and submit you will no longer be able to change the application!

Confirmation Screen, part 1

Department of
IOWA REVENUE

Search...

Revenue Home

Your Iowa Business Tax Registration has been successfully submitted. **Please print this page for your records.**

Within 4-6 weeks, you will receive in the mail:

- Sales Tax & Retailer's Use Tax : A letter containing your Business eFile Number (BEN), your permit number, and a printed permit.
- Consumer's Use Tax & Withholding: A letter containing your Business eFile Number (BEN) and your permit number. The letter will not include a printed permit.

A tax return must be filed even if you had no activity or no tax due.

Press Ctrl + P to print
IOWA BUSINESS TAX REGISTRATION FORM

BUSINESS INFORMATION Legal Name: John Smith Trade Name: John's Department Store Location: 123 Main Street, Anytown, IA 50000 County: Cerro Gordo - 17 Phone1: 111 222 3333 Phone2:	SALES DEPENDENT TAXES HOTEL /MOTEL TAX Permit? Not Needed AUTOMOBILE RENTAL TAX Permit? Not Needed HOUSEHOLD HAZARDOUS MATERIAL Permit? Not Needed CONSUMER'S USE TAX Permit? Not Needed
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Confirmation Screen, part 2

<p>Fax:</p> <p>Activity: Selling Retail Products</p> <p>Prev Owner:</p> <hr/> <p>BUSINESS OWNERSHIP</p> <p>Ownership: Sole Proprietor</p> <hr/> <p>BUSINESS DETAILS</p> <p>SSN: 111 22 3333</p> <p>Established On: 01/01/ 12</p> <p>Established In: IA</p> <p>Address: John's Department Store Same as Location</p> <p>Email:</p> <hr/> <p>SALES TAX</p> <p>Permit? Needed</p> <p>Start: 01/01/12</p> <p>Consolidated? No</p> <p>Consolidate#:</p> <p>Estimated Tax: \$10-\$500 tax/month (File Quarterly)</p> <p>Payment: EFT</p> <p>Address: John's Department Store Same as Location</p>	<hr/> <p>WITHHOLDING TAX</p> <p>Permit? Needed</p> <p>FEIN: 42 0000000</p> <p>Start: 01/01/12</p> <p>Tax Withheld: Less than \$500 tax/month (File Quarterly)</p> <p>Payment: EFT</p> <p>Address: John's Department Store Same as Location</p> <hr/> <p>SIGNATURE</p> <p>Full Name: John Smith</p> <p>SSN: 111 22 3333</p> <p>Date: 2/3/2012</p>
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[Continue](#)