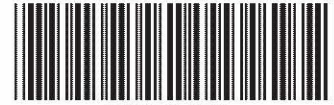


**MAINE REVENUE SERVICES AND DEPARTMENT OF LABOR  
APPLICATION FOR TAX REGISTRATION**

Return Application by fax (207) 287-3733 or mail to:  
Central Registration Section, P.O. Box 1057, Augusta, ME 04332-1057



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\*1110910\*

**ALL APPLICANTS MUST COMPLETE SECTION 1. CHECK ALL TAX TYPES FOR WHICH YOU ARE APPLYING.**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Section 2 - Income Tax Withholding                     | <input type="checkbox"/> Section 6 - Service Provider Tax            | <input type="checkbox"/> Section 10- Other Business Taxes       |
| <input type="checkbox"/> Section 3 - Pass-through Entity Income Tax Withholding | <input type="checkbox"/> Section 7 - Motor Fuel Taxes - Gasoline     | <input type="checkbox"/> Section 11 - Insurance Taxes           |
| <input type="checkbox"/> Section 4 - Unemployment Compensation Tax              | <input type="checkbox"/> Section 8 - Motor Fuel Taxes - Special Fuel | <input type="checkbox"/> Section 12 - Electronic Funds Transfer |
| <input type="checkbox"/> Section 5 - Sales and Use Tax                          | <input type="checkbox"/> Section 9 - Special Taxes                   |   |

**SECTION 1 - TAXPAYER INFORMATION**

**1. BUSINESS INFORMATION:**

Legal Name \_\_\_\_\_ Business Trade Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Business Phone Number \_\_\_\_\_  
 Federal Employer ID No. (EIN) \_\_\_\_\_ Email Address \_\_\_\_\_  
 Primary Mailing Address \_\_\_\_\_ Physical Location of Business \_\_\_\_\_

**2. TYPE OF OWNERSHIP (check appropriate box):** Federal Employer Identification Number (EIN) is required for all types except for a sole proprietor applying for a sales, use or service provider tax account *only*.

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Sole Proprietor                        | <input type="checkbox"/> Limited Partnership                 | <input type="checkbox"/> Estate          | <input type="checkbox"/> Association                            |
| <input type="checkbox"/> C Corporation (Regular)                | <input type="checkbox"/> Corporation (Non Profit)            | <input type="checkbox"/> Trust           | <input type="checkbox"/> Other _____                            |
| <input type="checkbox"/> S Corporation (Sub "S")                | <input type="checkbox"/> Non Profit Organization (501(c)(3)) |  |   |
| <input type="checkbox"/> Partnership                            | <b>(attach copy of IRS exemption letter)</b>                 |  |   |
| <input type="checkbox"/> Limited Liability Company (check one): | <input type="checkbox"/> Single Member LLC                   | <input type="checkbox"/> Partnership LLC | <input type="checkbox"/> Corporation LLC - Attach IRS Form 8832 |

Corporations - Date Incorporated \_\_\_\_\_ State of Incorporation \_\_\_\_\_  
 Limited liability Co.'s/Limited Partnership Date Registered \_\_\_\_\_ State of Registration \_\_\_\_\_

**3. BUSINESS DESCRIPTION/PRINCIPAL ACTIVITY (for example: wholesale, retail, contractor, etc.):** \_\_\_\_\_

**4. REQUIRED INFORMATION (Names of directors, partners, officers or members; name of trustee or personal representative; name of responsible party):**

Name & Title _____	Name & Title _____
<b>Social Security Number (REQUIRED)</b> _____	<b>Social Security Number (REQUIRED)</b> _____
% of Business Owned _____ Home Phone _____	% of Business Owned _____ Home Phone _____
Home Address _____	Home Address _____

5 and 6. EMPLOYERS REGISTERING WITH THE DEPARTMENT OF LABOR, PLEASE SEE SPECIFIC INSTRUCTIONS ON PAGE 13.

**5. DO YOU OWN OTHER BUSINESSES?**  Yes  No

Other Business Name _____	Other Business Name _____
Federal Employer ID No. (EIN) _____	Federal Employer ID No. (EIN) _____
UC Employer Account No. _____	UC Employer Account No. _____
Address _____	Address _____

**6. BUSINESS OWNERSHIP INFORMATION:** Business Ownership Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Check if new start-up business with no previous owner. Do not fill in any more of this block; go to block 7.

How did you get the business?  Purchase  Foreclosure Sale  Merger  Bankruptcy Sale  Entity Change \_\_\_\_\_

Did you get all of the previous owner's businesses?  Yes  No

Did the previous owner do business in Maine?  Yes  No

Did the previous owner retain a portion of the old business?  Yes  No

Did the previous owner have employees in Maine?  Yes  No

Previous Owner's: Federal EIN/SSN _____	Sales Tax Registration No. _____
UC Employer Account No. _____	Service Provider Tax Registration No. _____
Previous Business Name _____	Previous Business Address _____

**7. FEDERAL UNEMPLOYMENT TAX:** Is your organization subject to the Federal Unemployment Tax Act (FUTA)?  Yes  No  Unknown  
*if you have any questions about this, call the IRS TOLL FREE NUMBER: 1-800-829-4933.*

I certify that the information contained in each section of this application is true, correct and complete to the best of my knowledge and belief. This application must be signed by an owner, director, partner, member, officer, trustee or personal representative, or responsible party.

\_\_\_\_\_  
SIGNATURE TITLE DATE TELEPHONE NUMBER

PLEASE PRINT OR TYPE YOUR NAME

PLEASE KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS

