



State Tax Business Registration

Company Name: _____ DBA: _____

COID (if available): _____

Legal Address*: _____ City: _____ State: _____ Zip: _____

**Recognized by the IRS.*

Phone: _____ County: _____

Choose from the following: ☐ Existing Company New State ☐ Start-Up/New Business

CONTACT INFORMATION

Document Signer (Owner): _____ Position: _____

Main Contact Email: _____ Main Contact Mobile Phone: _____

Office Number: _____

NAICS Code: _____

Tax Filing Type: S-Corp, C-Corp (if LLC, filing as sole proprietor or other. Please specify.)

Additional Information:

When is your first Payroll: _____

Employee count for each state: _____

Employee Name: _____

TAX INFORMATION

Federal Tax ID: _____ State Tax Applying for: _____

Login Credentials Request (leave blank if no preference): _____

Withholding Tax Username: _____ Password: _____

Unemployment Tax Username: _____ Password: _____

One-Time Fee: \$200.00

Additional confidential questionnaire to follow to complex tax registration

Signature: _____

Date: _____

