

## APPLICATION FOR FRANCHISE, EXCISE TAX REGISTRATION

NOTE: Complete Sections 1 and 2 only if the information is different from the mailing label below																					
BUSINESS NAME AND LOCATION ADDRESS								2. BUSINESS MAILING ADDRESS													
LEG	BAL NAME																				
STREET, HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER)										P.O.	ВОХ	BOX, STREET, ROUTE, OR HIGHWAY									
CITY	CITY STATE ZIP CODE				COUNTY CITY								STATE					Z	P CODE		
									3A. BUSINESS PHONE # ( )												
									3B. BUSINESS FAX # ( )												
			4. FISCAL YR. END							10	1_	DAY									
									ANSWER ALL QUESTIONS COM- PLETELY. INCOMPLETE AND UN- SIGNED APPLICATIONS WILL DELAY PROCESSING.												
5. E	NTER YOUR FEDER	RAL EMPLOYER'S	SIDENTIFICATION#												□ Al	PPLIE	FOR				
6. TYPE OF ENTITY:  □ LIMITED LIABILITY PARTNERSHIP □ LIMITED LIABILITY COMPANY □ CORPORATION □ S CORPORATION □ NOT-FOR-PROFIT □ OTHER □ LIMITED LIABILITY COMPANY □ PROFESSIONAL LIMITED LIABILITY COMPANY □ NOT-FOR-PROFIT																					
	TENNESSEE TAX, D	IRECTLY OR INDI	LIABILITY PARTNER RECTLY, HAVE IN THI	EAGGR	EGAT		)% OR I	MOR													
PLEASE CHECK THE APPROPRIATE BOX AT RIGHT.  YES NO																					
	(1) NAME					NE#				SSN			J / FEIN (Please circ				cle which format is provided)				
ADD	ADDRESS (DO NOT USE P.O. BOX #)			CITY		STATI				ATE	ZIP CODE					% OF OWNERSHIP					
(2) NAME			TELE	PHON	JE #					SSN / FEIN (Please					circle which format is provided)						
ADDRESS (DO NOT USE P.O. BOX #)			CITY		STATE				ZIP CODE					% OF OWNERSHIP							
(3) N	AME			TELE	PHON	E#					5	SSN /	FEI	N (Ple	ease c	ircle w	hich for	mat is	provided)		
ADD	RESS (DO NOT USE	P.O. BOX #)		CITY					ST	ATE		Z	ZIP C	ODE			% OF (	OWNER	RSHIP		
ARE YOU STILL IN BUSINESS? IF NO LONGER IN BUSINESS, PLEASE CHECK NO AND RETURN APPLICATION WITH CLOSURE DATE.																					
11. THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (THIS APPLICATION MUST BE SIGNED BY A PRINCIPAL OFFICER, PARTNER, OR MEMBER OF THE CORPORATION LISTED IN ITEM 10.)  SIGN HERE:										I	FOF	RDEI	PAR'	ГМЕ	IT US	E ONL'	1				
	PRINCIPAL OFFICER, PARTNER OR MEMBER (DO NOT PRINT OR USE STAI																				
	TITLE		L	DATE		- 1															

RV-F1303601 (Rev. 10-11) INTERNET (10-11)

## INSTRUCTIONS FOR COMPLETING APPLICATION FOR REGISTRATION

Tenn. Code Ann. Section 67-4-2004(20) expands the types of businesses subject to Franchise, Excise tax by defining "person" or "taxpayer" to include in addition to corporations; limited liability companies, limited liability partnerships, limited partnerships, and any other organization or entity engaged in business. It excludes sole proprietorships and general partnerships.

Tenn. Code Ann. Sections 67-4-2003(c) and 67-4-2103(c) require taxpayers subject to the Franchise, Excise tax to register with the Department of Revenue within 60 days of 7/1/99 or within 15 days after becoming subject to the tax, whichever date occurs last.

Proper completion of the application will insure the timely and correct establishment of the Franchise, Excise tax registration for your business. This application should be mailed to the Tennessee Department of Revenue, 500 Deaderick Street, Nashville, TN 37242 or faxed to (615) 741-0682.

## **ABOUT THE APPLICATION**

- ITEM 1 YOU MUST PROVIDE THE LEGAL NAME AND LOCATION ADDRESS.
- ITEM 2 IF MAILING ADDRESS IS DIFFERENT THAN LOCATION ADDRESS, PLEASE PROVIDE.
- ITEM 3 You must include a business phone number where you can be reached during normal business hours. Include a business fax number if applicable.
- ITEM 4 You must provide the business' fiscal year end. This should be the same year end that is used for filing the federal return.
- ITEM 5 YOU MUST PROVIDE THE BUSINESS' FEDERAL EMPLOYER'S IDENTIFICATION NUMBER.
- ITEM 6 You must check the appropriate boxes which pertain to the ownership of your business.
- ITEM 7 You must provide the SOS Control No., if the business is registered with the Tennessee Secretary of State.
- ITEM 8 If registering as a Series LLC, provide the following information for the Master LLC on a separate sheet: Federal EIN, Entity Name, Location Address, Telephone Number, and State of Domestic Certificate of Authority.
- ITEM 9 If a limited partnership, limited liability partnership, or limited liability company; did one or more corporations subject to Tennessee tax, directly or indirectly, have in the aggregate 80% or more ownership interest at any time after 6/30/98, please answer Yes or No.
- You must identify owners, officers, partners, or members and you must enter social security numbers or FEINs, address and telephone number and PERCENTAGE OF OWNERSHIP for principal owners, partners, members, or corporate officers.
- 17EM 11 THIS APPLICATION MUST BE SIGNED BY A PARTNER, LLC MEMBER, OR A CORPORATE OFFICER OF THE BUSINESS. Do not print or use a signature stamp.

If you need assistance in completing this application, Tennessee residents may call in-state toll-free (800) 342-1003; out-of-state callers may dial (615) 253-0600.