

IBERVILLE PARISH SALES TAX DEPARTMENT

P.O. Box 355 • Plaquemine, LA 70765 • Ph: 225-687-5200 • Fax: 225-687-5226

Sales and Use Tax Registration Application

NOTE: A separate application is required for each location

PLEASE SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING THIS FORM.

Check all that apply: Sales Tax Hotel/Motel Mail Blank Sales Tax Reports Yes No

1. Reason for applying:

- A. Started new business
- C. Opening additional location
- D. Merger _____ and _____
- E. Change of name

B. Purchased ongoing business:

Name of previous owner _____
 Trade name of previous owner _____
 Parish account number _____
 F. Other _____

2. A. LA Sales Tax Number _____ - _____ Applied For None
 B. Federal Identification Number _____ - _____ Applied For None
 C. Federal Standard Industrial Code _____ (if unknown, please leave blank)
 D. How many other locations in this Parish _____

3. A. Legal name(s): Individual, partners, or corporation _____
 B. Trade name of business _____

4. A. Business location address (street - not P.O. Box) _____ B. City and State: _____
 C. Zip _____ D. Telephone () _____ E. Parish in LA: _____

5. A. Address for receiving tax forms and correspondence (if same as location, write "Same") _____
 B. City and State _____ C. Zip _____

6. A. Contact Person _____ B. Contact Phone number () _____
 C. Fax number _____ D. E-mail address _____ E. Web Address _____
 F. Location of accounting records _____

7. Type of organization A. Individual B. Partnership C. Corporation D. LLC E. LLP
 F. Governmental G. Non-profit H. Other _____

8. If sole owner (individual): Name _____ SSN: _____
 Home address _____ Telephone () _____

9. If Corporation, LLC, LLP, or Partnership: name, title, social security #, home address, and telephone # of officers, members, managers, or partners:

Name	Title	SSN
Address	City State Zip	Phone Number
Name	Title	SSN
Address	City State Zip	Phone Number

10. Agent for service of process: name, physical address and phone #: _____

11. A. First date sales will be made from this location _____ B. Date business first started operations _____

12. A. Nature of business: Retail Sales Repair Service Retail Service Wholesale Contractor
 Manufacturing/Fabricating Other _____

B. Describe in detail your business: Type of sales, activity, or service you perform: _____

13. Requested Reporting Status: Monthly Quarterly Semi-Annual Annual Occasional/Irregular
 Reporting frequency and filing status will be determined by the Administrator according to parish policy. Businesses with a location within a parish will automatically be registered to file on a monthly basis. Occasional/irregular filers are intended for those businesses (1) that do not have a location within the parish and do not intend on doing business within the parish on a regular basis; and/or (2) business that perform services that are not taxable.

14. Where do you anticipate your taxable transactions to occur? Check box(s) below:
 Parish Wide

I affirm that the information given on this application is true and correct.

Signature of Applicant _____ Title: _____
 Signature of Preparer _____ Date: _____

FOR OFFICE USE ONLY

Visit Iberville Parish Sales Tax Department website at www.ibervilleparish.com

Visit Louisiana Association of Tax Administrators website @ www.laota.com