

**FOR OFFICIAL USE ONLY**

Customer #: \_\_\_\_\_

Mail completed forms to the  
City of Auburn Revenue Office



## Tax Registration Form

### BUSINESS INFORMATION

Business Legal Name: \_\_\_\_\_ DBA Name: \_\_\_\_\_

Federal Employer Identification #: \_\_\_\_\_ State of Alabama Sales/Use Tax #: \_\_\_\_\_

Type of Ownership:

- ☐ Corporation ☐ Partnership ☐ Individual or Sole Proprietorship ☐ Limited Liability Partnership (LLP)  
☐ Limited Liability Company (LLC) (Single Member) ☐ Limited Liability Company (LLC) (Multi-Member)

### TAX/LICENSING INFORMATION

Description of Business Activity: \_\_\_\_\_

First Day Business Activities Will Begin in Auburn: \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

Tax Types: *(Check all applicable tax types)*

☐ Sales ☐ Use ☐ Rental/Leasing Estimated Monthly Tax Liability: \$ \_\_\_\_\_

Preferred Filing Status: ☐ Monthly ☐ Quarterly ☐ Annually ☐ Occasional ☐ One-time

Will you have any company representatives (i.e. salespersons, delivery/installation personnel, consultants/agents) conducting business in the City of Auburn? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, are they classified as employees (W-2) or independent contractors (1099)? \_\_\_\_\_ W-2 \_\_\_\_\_ 1099

- Any person working in the City on your behalf must either be a W-2 employee on your payroll or purchase his/her own business license as a 1099 independent contractor. All W-2 employees are subject to the occupational license fee.
- **If yes, and representatives are W-2 employees, DO NOT complete this form. The Business Registration form must be completed.**

### ADDRESS/MAILING INFORMATION

Physical Location Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Website \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

### Finance Department

Revenue Office  
144 Tichenor Ave.  
Auburn, AL • 36830  
334.501.7239  
Fax: 334.501.7297

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## OWNER/PARTNER/OFFICER INFORMATION

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This section **MUST** be completed by **ALL** persons legally responsible for the business. Attach additional sheets, if necessary.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zipcode: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Alternative Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ DOB: \_\_\_\_\_

Email Address: \_\_\_\_\_ SSN: \_\_\_\_\_

DL #/State: \_\_\_\_\_

**Please provide a legible copy of the driver's license or state issued identification card for each owner/partner/officer.**

## CONTACT INFORMATION

This section must list contact information for person(s) who can answer tax/licensing questions about the business. Attach additional sheets if necessary.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Alternative Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

## STATEMENT OF DECLARATION

Under penalties of perjury, I declare that I have examined this form and to best of my knowledge and belief, it is true, correct, and complete. My signature indicates that I am legally responsible for the business and assume all tax/licensing liabilities of this business that might occur.

\_\_\_\_\_  
Signature of Person Legally Responsible for Business

\_\_\_\_\_  
Print Name of Person Legally Responsible for Business

Date: \_\_\_\_\_

**Mail your completed form and attachments to the City of Auburn Revenue Office.**



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