

APPLICATION FOR TAXPAYER NUMBER  
PARISH OF OUACHITA

Town of Sterlington ~ Town of Richwood ~ City of West Monroe ~ City of Monroe

REASON FOR APPLYING:

- Started new business                       Opening additional location                       Change of name  
 Purchased ongoing business                       Merger                       Other

Louisiana Sales Tax Number: \_\_\_\_\_  Applied For                       None

Federal Identification Number: \_\_\_\_\_  Applied For                       None

NAICS Code: \_\_\_\_\_

Legal Name(s): (Individual, partners, or corporation) \_\_\_\_\_

Trade Name/DBA: \_\_\_\_\_

Business Location (street, highway, **NOT P. O. BOX**): \_\_\_\_\_

Business Location Telephone No.: \_\_\_\_\_

Address for receiving tax forms & correspondence (If same, write same): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

Type of organization:  Individual  Partnership  Corporation  LLC  LLP  Other

If sole owner (individual) Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Address \_\_\_\_\_ Telephone: \_\_\_\_\_

If corporation, LLC, LLP or Partnership, please attach the following: name, title, social security number, home address and telephone number of officers, members, managers or partners.

Agent for service of process (include physical address and telephone number) \_\_\_\_\_

Nature of business:  Retail Sales  Wholesale  Repair Service  Manufacturing/Fabricating  
 Contractor  Retail Service  Other

Date of first sale within Ouachita Parish or date business started at this location: \_\_\_\_\_

Describe in detail your business: type of sales, activity or service you perform: \_\_\_\_\_

“Requested” reporting status:  Monthly  Quarterly  Occasional/Irregular  
(Reporting frequency and filing status will be determined by the Administrator according to parish policy. Businesses with a location within the parish will automatically be registered on a monthly basis.)

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

\_\_\_\_\_  
Signature of Applicant                      Date