



**TENNESSEE DEPARTMENT OF REVENUE**  
**Business Tax Registration Application**

RV-F1321001(12/19)

**Answer all questions below completely. Incomplete and unsigned applications will delay processing.**

1. Business FEIN or SSN <i>(required)</i>	2. Start Date for Location in Jurisdiction	3. Fiscal Year End Date
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4. Type of Ownership (choose only one box below):

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership <i>(all types)</i>	<input type="checkbox"/> Corporation <i>(all types)</i>
<input type="checkbox"/> Marital Joint Ownership Other Spouse's SSN: _____	<input type="checkbox"/> Limited Liability Company <i>(choose one below)</i>	
<input type="checkbox"/> Estate or Trust	<input type="checkbox"/> Multi-Member LLC	<input type="checkbox"/> Single Member LLC

5. Legal Name of Business

6. Primary Address (physical address where records are located; no P.O. box)	City	State	ZIP Code
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7. Identify Owners, Officers, Members, or Partners (Attach additional names on separate sheet if needed. See Instructions.)

Title	Title
SSN of Owner or FEIN of Owning Business, if available	SSN of Owner or FEIN of Owning Business, if available
First and Last Name of Owner or Name of Owning Business	First and Last Name of Owner or Name of Owning Business
Telephone Number with Area Code	Telephone Number with Area Code
Email	Email
Address	Address
City State ZIP Code	City State ZIP Code

8. "Doing Business As" (DBA) Name (if different from #5 above)

9. Classification (see instructions) Classification:	10. Contract Location for Class 4 Contractors: County: _____ If contract is inside a city, list City: _____
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1. License Type

Standard Business License     Minimal Activity License (<\$10,000 in annual gross income)

2. Location Address of Business in This Jurisdiction (no P.O. box)	City	State	ZIP Code
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13. Business Activity at This Location

14. Business Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

15. Business Telephone Number \_\_\_\_\_ Business Fax Number \_\_\_\_\_ Business Email Address \_\_\_\_\_

16. Contact Name \_\_\_\_\_ Contact Telephone Number \_\_\_\_\_ Contact Email Address \_\_\_\_\_

17. Signatures Required! This application must be signed by an owner, officer, member or partner of the entity listed above. Do not print or use a stamp.

For Department Use Only

The statements made on this application are true to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Owner, Officer, Member, or Partner*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Owner, Officer, Member, or Partner*

**Electronic filing and payment of taxes is required for business tax.  
Please visit [www.TN.gov/revenue](http://www.TN.gov/revenue) for more information.**