R-16019 (5/08) CR1

Application for Louisiana Revenue Account Number

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P.O. Box 201
Baton Rouge, LA 70821-0201
(225) 219-7318

For office use only.

Date of application _____

1. **A. Sales/ Use**
- ☐ Louisiana General Sales Tax
- ☐ Statewide Hotel/Motel
- ☐ Jefferson Parish Hotel/Motel
- ☐ Orleans Parish Hotel/Motel
- ☐ Orleans Parish Restaurant
- ☐ N.O. Airport Food Establishments
- ☐ Motor Vehicle Lessors/Rentors

B. ☐ **Withholding**
C. ☐ **Vehicle Rental Excise**
D. ☐ **Severance**
E. **Oil and Gas Classification**
- ☐ Taxpayer Only
- ☐ Producer Only
- ☐ Producer/Taxpayer

F. ☐ **Other**
_____
_____
_____

2. Reason for applying
A. ☐ Started new business   C. ☐ Other (specify) _____
B. ☐ Purchased ongoing business: Name of previous owner _____

3. Indicate the account number you use for each tax filed with the Louisiana Department of Revenue.

LA Corp. Tax Number   None ☐

LA Sales Tax Number   None ☐

LA Excise Taxes Number   None ☐

LA Withholding Tax Number   None ☐

LA Severance Tax Number   None ☐

LA Natural Resource Number   None ☐

4. A. Legal name(s) _____
B. Trade name of business _____   Telephone _____

5. A. Business location address (**NO** P.O. Box or General Delivery) _____
B. City and state _____   C. ZIP _____

6. A. Address for receiving tax forms and correspondence (If same location, write "same".) _____
B. _____   C. _____   D. _____   E. ☐ Additional mailing address(es) attached
   City and State   ZIP   Telephone

7. Type of organization: A. ☐ Individual   B. ☐ Partnership   C. ☐ Corporation   D. ☐ Governmental   E. ☐ Nonprofit   F. ☐ Other

8. U.S. NAICS Code **(required)**   **9.** Federal Employer ID Number   None ☐

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

11. If corporation or partnership: name, title, Social Security Number, home address, and telephone number of officers or partners

Name	Title
Address	

SSN
Telephone _____

Name	Title
Address	

SSN
Telephone _____

12. A. Louisiana Charter Number (if known) _____   B. State of incorporation (if not Louisiana) _____

13. Permits -Sellers of liquor, beer, or wine (wholesale or retail), must obtain a permit from the Office of Alcohol and Tobacco Control. A permit from the Louisiana State Police Gaming Division must be obtained by sellers of lottery tickets or operators of video poker games. Indicate permit number(s) that you currently hold.

A. Lottery Permit Number _____   B. Expiration Month/Year _____
   Alcohol Permit Number _____   Expiration Month/Year _____
   VPG Permit Number _____   Expiration Month/Year _____

	Mo.	Day	Yr.	Domestic	Foreign	Fiscal Month
14. A. Corporation Income/Franchise: Date charter filed with Louisiana Secretary of State				B.		C.
15. Sales or Use Tax: Date business begins sales operations from this location						
16. Withholding Tax: (See instructions.) Select filing frequency. ☐ quarterly ☐ monthly ☐ semi-monthly						
17. Severance Tax: Select filing frequency. ☐ quarterly ☐ monthly ☐ 45-day						

18. Description of business: (required)

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

Signature of applicant	Title
Signature of preparer	Date (mm/dd/yyyy)

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