



**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 (required) | 2. Start Date for Location in Jurisdiction | 3. Fiscal Year End Date |
|------------------------------------|--|-------------------------|

4. Type of Ownership (choose only one box below):

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

5. Legal Name of Business

6. Primary Address (physical address where records are located; no P.O. box) City State ZIP Code

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)<br>Classification: | 10. Contract Location for Class 4 Contractors:<br>County: <span style="float:right">If contract is inside a city, list City:</span> |
|---|---|

11. License Type

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

12. 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

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14. Business Mailing Address

City

State

Zip Code

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15. Business Telephone Number

Business Fax Number

Business Email Address

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16. Contact Name

Contact Telephone Number

Contact Email Address

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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*

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**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.**