

Registration Instructions

- Item 1** List federal identification or social security number as used to report to the Internal Revenue Service
- Item 2** Enter the date you started business. For withholding purposes, the date employees started work.
- Items 3-6** Please enter the legal name and address information associated with the federal identification number or social security number listed (as reported to the Internal Revenue Service). Include any DBA names.
- Item 7** List the person that you wish contacted for questions concerning your accounts with the Department of Revenue.
- Item 8** Select the type of business entity you are registering.
- Item 9** Enter the reason for your registration.
- Item 10** Complete the section that corresponds to your answer to items 8 and 9. List all owners, partners or corporate officers. Remember to include addresses and social security numbers.

List additional owners, partners or corporate officers

Name and Address	Social Security Number
_____	_____
_____	_____

LFT and RVT

Please enter the physical location information. It is important to identify if the facility is inside or outside the city limits and the appropriate county the facility is located in. If you have more than one facility, you must provide name and address information for each individual location. Each location will be issued a permit for the sales and use tax.

List additional facilities (LFT and RVT only). Attach a separate sheet if there are more than two additional facilities.

Doing Business as (DBA) Name				

DBA Business Address (physical location)				
_____	_____	_____	_____	_____
City	State	Zip Code	County	
_____				_____
Contact Person				Phone

Doing Business as (DBA) Name				

DBA Business Address (physical location)				
_____	_____	_____	_____	_____
City	State	Zip Code	County	
_____				_____
Contact Person				Phone

Nature of Business _____

Are you a seasonal business? Yes No

If yes, what months are you in operation? _____

Is this facility within city limits? Yes No

Mail completed form to:
 Business Registration
 Montana Department of Revenue
 PO Box 5805
 Helena, MT 59604

Phone: (406) 444-6900
 FAX: (406) 444-0750