North Dakota Office of State Tax Commissioner

Application to Register For

Income Tax Withholding and Sales and Use Tax Permit

(Check both if applicable)

- ☐ Withholding Tax
- ☐ Sales and Use Tax

Application Purpose

- ☐ New Business
- ☐ Change in Ownership
- ☐ Additional Location

FOR OFFICE USE ONLY

S/U _____

W/H _____

_____

_____

(Please Print)

1. Taxpayer Legal Name	2. Federal Employer I.D. Number (FEIN)
3. Doing Business As Name (if different from line 1)	4. Business Phone

5. Business Location Address	City	State	Zip Code
6. Mailing Address (if different than line 5)	City	State	Zip Code

If returns should be mailed to a different address, indicate below or skip to next section.

7. Name of Sales Tax Return Preparer	8. Business Phone	
9. Address of Preparer (Street or PO Box, City)	State	Zip Code
10. Name of Withhholding Tax Return Preparer	11. Business Phone	
12. Address of Preparer (Street or PO Box, City)	State	Zip Code

13. Beginning date of operations for ND sales/use tax _____ (Month / Day / Year)

14. Beginning date of ND Income Tax Withholding _____ (Month / Day / Year)

15. Organization Type ☐ Sole Proprietorship ☐ General Partnership ☐ Limited Partnership ☐ LLC ☐ LLP ☐ Corporation ☐ Government

16. Enter NAICS Code if known _____

17. Type of Business ☐ Retailer ☐ Manufacturer ☐ Farm/Ranch ☐ Wholesaler ☐ Contractor ☐ Other _____

18. Business Activity: List the principal products or activities of your firm. Following each item, list the percentage of sales value or receipts received from the product or activity; i.e., construction of homes 75%, retail sales of furniture 25%.

_____ ____ % _____ ____ %

Visit North Dakota's New Business Registration site at www.nd.gov/businessreg for general information and registration forms.

19. Name of Owners, Partners, Corporate Officers, Governors, Managers, or Members (Attach additional sheets if needed.)
Social Security numbers are required for issuance of permit.
Corporate officers and Governors or Managers may post a bond in lieu of this requirement pursuant of N.D.C.C. §§ 57-39.2-18.1 and 57-39.2-15.2

Name	Address	Title	Home Phone	Soc. Sec. No.	% Owned

20. Complete if you acquired the business in whole or in part

a. Date of acquisition _____
Month Day Year

b. Prior owner's business name and address _____

c. Prior owner's sales/use tax number _____ Is prior owner still in business? ☐ Yes ☐ No

21. Do you currently have or have you had a sales and use tax permit in North Dakota? ☐ Yes Permit No. _____ ☐ No

22. Do you anticipate your monthly sales tax liability to be less than $50.00? ☐ Yes ☐ No

23. Estimated number of employees in North Dakota and total wages paid for the current year.

Number of employees _____ Amount of wages _____

24. Is business seasonal or part time? ☐ Yes ☐ No If seasonal, give period of operation _____

If business is temporary, give approximate time period of business activity in North Dakota _____ through _____

25. Name of individual to contact for sales tax matters _____ Phone No.: _____

Name of individual to contact for withholding tax matters _____ Phone No.: _____

26. Application must be signed by authorized individual:

Signature: _____ Date: _____
(Authorized Individual)

Print name: _____ Title: _____ Phone No: _____

I declare under the penalties of North Dakota Century Code ch. 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this application, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete application.

FOR OFFICE USE ONLY

Mail to: Office of State Tax Commissioner
Business Registration
600 E. Boulevard Ave., Dept. 127
Bismarck, ND 58505-0599

Contact: Phone: 701.328.1241
Fax: 701.328.0332
E-mail: taxregistration@nd.gov
Web site: www.nd.gov/tax

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