



Choose the tax type(s) you are applying for below and answer the corresponding questions.

Sales & Use Tax

14. Beginning date of operations for North Dakota sales/use tax _____ Month _____ Day _____ Year _____		
15. Do you currently have or have you had a sales and use tax permit in North Dakota? <input type="checkbox"/> Yes Permit No. _____ <input type="checkbox"/> No		
16. Is business seasonal or part time? <input type="checkbox"/> Yes <input type="checkbox"/> No If seasonal, give period of operation _____ If business is temporary, give approximate time period of business activity in North Dakota _____ through _____		
17. Do you sell prepaid wireless airtime cards, prepaid wireless minutes or plans? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide beginning date you started selling these telecommunications services _____		
18. Will you be selling alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No	19. Will you be selling farm equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If sales returns should be mailed to a different address, indicate below.		
20. Name of Sales Tax Return Preparer _____		21. Business Telephone Number _____
22. Address of Preparer (Street or PO Box, City) _____		State _____ ZIP Code _____
23. Name of individual to contact for sales tax matters _____ Telephone Number _____		

Withholding Tax

24. Beginning date of North Dakota Income Tax Withholding _____ Month _____ Day _____ Year _____		
25. Estimated number of employees in North Dakota and estimated wages to be paid in current calendar year. Number of employees _____ Amount of wages _____		
If withholding returns should be mailed to a different address, indicate below.		
26. Name of Withholding Tax Return Preparer _____		27. Business Telephone Number _____
28. Address of Preparer (Street or PO Box, City) _____		State _____ ZIP Code _____
29. Name of individual to contact for withholding tax matters _____ Telephone Number _____		

Application must be signed by authorized individual

Signature: _____ (Authorized Individual)	Date: _____	
Print Name: _____	Title: _____	Telephone 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.		

PRIVACY ACT NOTIFICATION

In compliance with the Privacy Act of 1974, disclosure of a social security number or Federal Employer Identification Number (FEIN) on this form is required under N.D.C.C. §§ 57-01-15, 57-38-56, and 57-39.2-19, and will be used for tax reporting, identification, and administration of North Dakota tax laws. Disclosure is mandatory. Failure to provide the social security number or FEIN may delay or prevent the processing of this form.

Send completed form to:
Fax: 701.328.0332
Email: taxregistration@nd.gov

Office of State Tax Commissioner
Business Registration
600 E. Boulevard Ave., Dept. 127
Bismarck, ND 58505-0599
Phone: 701.328.1241