

Application for Registration as a Sales Tax Vendor

Please Print or Type

1. Type of Certificate you are applying for:
 (For use only as of 1/1/04 and 2/1/04 and 3/1/04) Regular Recurring Short Clearance

2. Legal name of vendor

3. Trade name or DBA # (if used, include ?)

4. Federal employer identification number

5. Address of business location (if none listed, temporary address apply, and home address, also fill in box)

business and street City County State ZIP code Country (if not U.S.)

6a. Business telephone number (NY area code) 6b. Business fax number (NY area code) 6c. Business e-mail address

7. Date you will begin business in New York State (no refunding) 8. Company number (enter the date you will start business in New York)

9. Mailing address (if different than business address on line 5)

city name business and street City State ZIP code

10. Type of organization: Individual (sole proprietor) Partnership Trust S corporation Corporation Limited liability partnership Limited liability company Other (specify) _____

11. Reason for applying: Starting new business Acquiring all or part of existing business Adding a new location Change in organization Other (specify) _____

12. Regular vendors: Will you operate more than one place of business?
 Yes (check an X in appropriate box below) No
 A Separate sales tax return will be filed for each business location. Complete a separate Form OTF-17 for each location.
 B One sales tax return will be filed for all business locations. Complete Form OTF-17-07 and attach it to this application.

13. List all owners/officers. Attach a separate sheet if necessary. All applicants must complete this section.

Name	Title	Social security number
Home address	City	State ZIP code Telephone number
Name	Title	Social security number
Home address	City	State ZIP code Telephone number
Name	Title	Social security number
Home address	City	State ZIP code Telephone number

14. If you are currently filing New York State returns for the following taxes, check the box for the appropriate tax type and enter the identification number used on the return:
 Corporation tax ID # _____ Other (specify) _____ ID # _____
 Withholding tax ID # _____

15. If you have ever registered as a sales tax vendor with New York State, enter the information shown on the last sales tax return you filed:
 Name _____ Identification number _____

16. Do you expect to collect any sales or use tax or pay any sales or use tax directly to the Department of Taxation and Finance? (see instructions) Yes No

17. Describe your principal business activity in New York State and enter your standard HSN code:
 Describe your business activity in detail (attach a separate sheet if necessary) North American Industry Classification System (NAICS)

18. Are you a business vendor? Yes No
 If Yes, do you sell food? Yes No

19. Do you participate solely in flea markets, antique shows, or other shows? Yes No

20. Do you file and remit for all sales of tangible or other taxable products? Yes No

21. If you withhold or sell business New York State income tax from employees, do you need withholding tax forms or file returns? Yes No

22. Do you file and to apply for any wireless communication services to New York State customers? Yes No

23. Do you file and to sell now this in New York State? Yes No