

Application for Registration as a Sales Tax Vendor

Please print or type

1 Type of certificate you are applying for
 (You must mark an X in one box; see instructions): Regular Temporary Show Entertainment

2 Legal name of vendor

3 Trade name or DBA (if different from item 2) 4 Federal employer identification number

5 Address of business location (show/entertainment or temporary vendors, use physical home address, not a P.O. box)

Number and street	City	County	State	ZIP code	Country, if not U.S.
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6a Business telephone number (include area code) ()	6b Business fax number (include area code) ()	6c Business e-mail address	7 Date you will begin business in New York State (see instructions) / /	8 Temporary vendors: Enter the date you will end business in New York / /
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9 Mailing address, if different from business address on line 5

c/o name	Number and street	City	State	ZIP code
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10 Type of organization:

Individual (sole proprietor) <input type="checkbox"/>	Partnership <input type="checkbox"/>	Trust <input type="checkbox"/>	Governmental <input type="checkbox"/>	Exempt organization <input type="checkbox"/>
Corporation <input type="checkbox"/>	Limited liability partnership <input type="checkbox"/>	Limited liability company <input type="checkbox"/>	Other (specify) <input type="checkbox"/> _____	

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 (mark an X in appropriate box below) No
 A Separate sales tax return will be filed for each business location. Complete a separate Form DTF-17 for each location.
 B One sales tax return will be filed for all business locations (complete Form DTF-17-ATT 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 your business currently files 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 (explain) _____ 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 six-digit NAICS code:

Describe your business activity in detail (attach a separate sheet if necessary)	North American Industry Classification System (NAICS)						
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> </tr> </table>						

18 Are you a sidewalk 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 intend to make retail sales of cigarettes or other tobacco products? Yes No
 21 If you withhold or will withhold New York State income tax from employees, do you need withholding tax forms or information? Yes No
 22 Do you intend to supply two-way wireless communication services to New York State customers? Yes No
 23 Do you intend to sell new tires in New York State? Yes No

24 Have you been notified that you owe any New York State tax?..... Yes No

Type of tax	Amount due	Assessment number (if any)	Assessment date	Assessment currently being protested? Yes <input type="checkbox"/> No <input type="checkbox"/>
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25 Do any responsible officers, directors, partners, members, managers, or employees owe New York State or local sales and use taxes on your behalf, on behalf of another person, as a vendor of property or services, as operator of a hotel, or as recipient of amusement charges?.. Yes No

Individual's name	Street address	City	State	ZIP code
Social security number	Amount due	Assessment number (if any)	Assessment date	Assessment currently being protested? Yes <input type="checkbox"/> No <input type="checkbox"/>

26 Have you been convicted of a crime under the Tax Law during the past year? Yes No

Date of conviction	Court of conviction	Disposition (<i>fine, imprisonment, probation, etc.</i>)
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27 During the past year, has any responsible officer, director, partner, member, manager, or employee of the applicant been convicted of a crime under the Tax Law?..... Yes No

Individual's name	Street address	City	State	ZIP code
Social security number	Date of conviction	Court of conviction	Disposition (<i>fine, imprisonment, probation, etc.</i>)	

28 If previously registered as a New York State sales tax vendor, was your *Certificate of Authority* revoked or suspended during that past year? No Yes If Yes, please indicate why _____

Questions 29, 30, and 31 apply to corporations only. If not a corporation, proceed to line 32.

29 If any shareholder owns more than half of the shares of voting stock of the applicant, has this shareholder ever owned more than half of the shares of voting stock of another corporation? No Yes **If Yes, complete questions 30 and 31.**

30 Did this shareholder own these shares of another corporation when the corporation had a tax liability that remains unpaid?..... Yes No

Shareholder's name and SSN	Corporation name	Corporation's federal identification number		
Street address	City	State ZIP code		
Type of tax	Amount due	Assessment number (<i>if any</i>)	Assessment date	Assessment currently being protested? Yes <input type="checkbox"/> No <input type="checkbox"/>

31 Did this shareholder own these shares of another corporation at a time during the past year when the corporation was convicted of a crime under the Tax Law? Yes No

Corporation name	Federal identification number	
Street address	City State ZIP code	
Date of conviction	Court of conviction	Disposition (<i>fine, imprisonment, probation, etc.</i>)

32 If you acquired this business from a registered vendor, did you file Form AU-196.10, *Notification of Sale, Transfer or Assignment in Bulk*, with the Tax Department? Yes No

Former owner's name _____ Address _____ ID # _____

I certify that the information in this application is true and correct. Willfully filing a false application is a misdemeanor punishable under the Tax Law. (*see instructions*)

Signature	Title	Telephone number	Date
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Check this box if you want your sales tax returns mailed to a tax preparer rather than the address on the front of this application. Enter preparer information in the box below:

Name of preparer	Street Address	City	State	ZIP code
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This application will be returned if it is not signed or if any other information is missing.

Mail your application to: NYS Tax Department, Sales Tax Registration Unit, W A Harriman Campus, Albany NY 12227, at least 20 days (but not more than 90 days) before you begin doing business in New York State.