



Prepaid Wireless Telecommunication 911 Fee

13. Do you sell prepaid wireless airtime cards, prepaid wireless minutes or plans? Yes No

If yes, provide beginning date you started selling these telecommunications services _____

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? Yes Permit No. _____ No

16. 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 _____

17. Will you be selling alcohol? Yes No

18. Will you be selling farm equipment? Yes No

If sales returns should be mailed to a different address, indicate below.

19. Name of Sales Tax Return Preparer _____

20. Business Telephone Number _____

21. Address of Preparer (*Street or PO Box, City*) _____

State _____

ZIP Code _____

22. Name of individual to contact for sales tax matters _____ Telephone Number _____

Withholding Tax

23. Beginning date of North Dakota Income Tax Withholding _____
Month Day Year

24. 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.

25. Name of Withholding Tax Return Preparer _____

26. Business Telephone Number _____

27. Address of Preparer (*Street or PO Box, City*) _____

State _____

ZIP Code _____

28. Name of individual to contact for withholding tax matters _____ Telephone Number _____

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.

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
E-mail: taxregistration@nd.gov

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