

# Assumption Parish Sales and Use Tax Department

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## Sales and Use Tax Application Form

as developed by Louisiana Association of Tax Administrators (LATA)

NOTE: A separate application is required for each location

**PLEASE SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING THIS FORM.**

1. Reason for applying:

- A. Started new business  
 B. Purchased ongoing business:  
Name of previous owner \_\_\_\_\_  
 C. Opening additional location  
Trade name of previous owner \_\_\_\_\_  
 D. Merger \_\_\_\_\_  
and \_\_\_\_\_  
Parish account number \_\_\_\_\_  
 E. Change of name  
 F. Other \_\_\_\_\_

2. A. LA Sales Tax Number \_\_\_\_\_  Applied For  None  
B. Federal Identification Number \_\_\_\_\_  Applied For  None  
C. Federal Standard Industrial Code \_\_\_\_\_ (if unknown, please leave blank)  
D. How many other locations in this Parish \_\_\_\_\_

3. A. Legal name(s): Individual, partners, or corporation \_\_\_\_\_  
B. Trade name of business \_\_\_\_\_

4. A. Business location address (street - not P.O. Box) \_\_\_\_\_ B. City and State: \_\_\_\_\_  
C. Zip \_\_\_\_\_ D. Telephone ( ) \_\_\_\_\_ E. Parish in LA: \_\_\_\_\_ F. Ward #: \_\_\_\_\_ (IN ASSUMPTION PARISH)

5. A. Address for receiving tax forms and correspondence (if same as location, write "Same") \_\_\_\_\_  
B. City and State \_\_\_\_\_ C. Zip \_\_\_\_\_

6. A. Contact Person \_\_\_\_\_ B. Contact Phone number ( ) \_\_\_\_\_  
C. Fax number \_\_\_\_\_ D. E-mail address \_\_\_\_\_ E. Web Address \_\_\_\_\_  
F. Location of accounting records \_\_\_\_\_

7. Type of organization  A. Individual  B. Partnership  C. Corporation  D. LLC  E. LLP  
 F. Governmental  G. Non-profit  H. Other \_\_\_\_\_

8. If sole owner (individual): Name \_\_\_\_\_ SSN: \_\_\_\_\_  
Home address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

9. If Corporation, LLC, LLP, or Partnership: name, title, social security #, home address, and telephone # of officers, members, managers, or partners:

Name	Title	SSN
Address	City State Zip	Phone Number
Name	Title	SSN
Address	City State Zip	Phone Number

10. Agent for service of process: name, physical address and phone #: \_\_\_\_\_

11. A. First date sales will be made from this location \_\_\_\_\_ B. Date business first started operations \_\_\_\_\_

12. A. Nature of business:  Retail Sales  Repair Service  Retail Service  Wholesale  Contractor  
 Manufacturing/Fabricating  Other \_\_\_\_\_  
B. Describe in detail your business: Type of sales, activity, or service you perform: \_\_\_\_\_

13. Requested Reporting Status:  Monthly  Quarterly  Occasional/Irregular  
Reporting frequency and filing status will be determined by the Administrator according to parish policy. Businesses with a location within a parish will automatically be registered to file on a monthly basis. Occasional/irregular filers are intended for those businesses (1) that do not have a location within the parish and do not intend on doing business within the parish on a regular basis; and/or (2) business that perform services that are not taxable.

14. Where do you anticipate your taxable transactions to occur? Check box(s) below:

- Parish Wide  City of Napoleonville  
 State Wide

I affirm that the information given on this application is true and correct.

Signature of Applicant \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Preparer \_\_\_\_\_ Date: \_\_\_\_\_

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