

COMMERCE TAX ADDITIONAL INFORMATION FORM

Taxpayer ID (TID): _____

Business entity legal name: _____

Federal ID Number: _____

Business entity mailing address: _____

NAICS code (North America Industry Classification System) from www.census.gov/eos/www/naics/ _____

Responsible person (owner, partner, member, officer or employee of the company whose job or duty is to collect, account for or pay any tax or fee required to be paid to the Department).

Last, First, MI:		Primary Business Address (Street)		SSN:
Title	Percent Owned	City, State, Zip +4		Telephone

If your business is currently registered with the Department of Taxation for the following tax types, check appropriate box(es):

Modified Business Tax

Sales and Use Tax

Consumer Use Tax

Certificate of Authority

Excise taxes (please list): _____

Provide TID number(s) for the registered tax account(s) above, if any : _____

I certify the information provided is true, correct and complete to the best of my knowledge and belief. If any information above changes I will immediately file an updated Commerce Tax Additional Information Form with the Department.

Signature (Print Name)_____
Title_____
Date_____
Phone Number

If you need to register for other tax types in Nevada, please complete the Nevada Business Registration and Supplemental Application forms located on the Department's website: <http://tax.nv.gov>