DEPT. OF TAXATION	TID#
REPRESENTATIVE ACCEPTING	DLN:
APPLICATION:	PROCESS DATE:

NEVADA BUSINESS REGISTRATION

Please Print Clearly – Use Black or Blue Ink Only

Please see instructions regarding form detail and online registration options.

1	☐ New Business ☐ Update Business	2 Sales/Use Tax Consumer Use Certificate of A	Tax Permit			Ownership/Entity/ Mailing Address ion		ge in Locatior	
4		Sole Proprietor Partners Limited Liability Company Limited Liability Partnership	ship 5	Nevada Busi	ness ID (1	1 Digits)	Federal Tax ID Nun -	nber 7	State & Date of Incorporation
8	Corporate/Entity Name (as sh	nown on State Business Licen	se):		Nevad	a Name (DBA):		•	
9	Corporate/Entity Address: Str	reet Number, Name Suite or	Unit City, Sta	te, Zip	Corpor	rate/Entity Telephone	Email Addre	ess:	
10	Location of Nevada Business	Operations: Street Number, I	Name Suite	or Unit Ci	ty,	State, Zip	Location Telephon	ie:	Business Fax:
<u>11</u>	Location Mailing Address: So	treet Number, Name Suite on	r Unit City, Sta	ate, Zip N	Modified B	usiness Tax Mailing	Address: Street Nur	nber, Name Su	ite or Unit City, State, Zip
12	Commerce Tax Mailing Addr	ress: Street Number, Name S	uite or Unit Cit	y, State, Zip	13	Location of Busines	ss Records: Street N	umber, Name S	uite or Unit City, State, Zip
14		st ALL Owners, Partner the box if making chang		,		,			
Last, F	irst, MI: If owned by another e				Î	Percent Owned	SSN or ITIN		Date of Birth
Title			Residence Ac	ldress: Street N	umber, Na	me Suite or Unit	City, State, Zip		Residence Telephone:
Last, F	irst, MI:					Percent Owned	SSN or ITIN	I	Date of Birth
Title			Residence Ac	ddress: Street N	umber, Na	me Suite or Unit	City, State, Zip		Residence Telephone:
Last, F	irst, MI:					Percent Owned	SSN or ITIN	1	Date of Birth
Title			Residence Ac	ddress: Street N	umber, Na	me Suite or Unit	City, State, Zip		Residence Telephone:
15	Date Business Started in NV:	Date location opened in NV:	16 Do	o you have emp	oloyees in l	Nevada, if so how ma	any? 17	Unemployme	nt Insurance # (ESD/UI):
18	Service Tobacco/OTP* Marijuana Production* Marketplace Facilitator	Financial Institution Marijuana Retail* Marijuana Distribution*	Retail Sa Leasing (Construct	ales – Used other than emp ion/Erection		Y TO YOUR BU Manufacturing Live Entertainment	Whole: Tire Sa Other:_	les	Retail Liquor* Marijuana Cultivation* -
19	Nevada Transportation Authority # &/or Nevada Taxi Cab Authority #: * Additional application required. See instruction page Describe in detail the nature of your business in Nevada. Include product sold, labor performed and/or services rendered.								
	NAICS Code: D	Oon't Know? https://www.cer	nsus.gov/eos/wv	ww/naics					
20	If you have acquired a Nevada Business, Changed Ownership/Business Entity, or have a new Federal Tax Identification number, complete this section:								
Date A	cquired/Changed:	Acquired/Changed by (Che	eck all that appl	\$	MO	Portion Acquired/ Assets Only Property and	Property Only		ng the Federal Tax number (Y/N):
Name(s) of Previous Owner(s):	Escrow Company		•	Previous	Whole Busines	ss and Assets	[Yes No
Ducino	ss Address: Street Number, Na	ma Suita or Unit City Stat	o 7in	Previous Bu				Provious Over	ner(s) ESD/UI Account
Busine	ss Address. Street Number, Iva	ine Suite of Offit City, State	e, zip	Permit Num		s/Use Tax		Number:	ier(s) E3D/O1 Account
			FEES A	AND SEC					
21	Estimated total Nevada mon	nthly receipts:			22	Estimated total N	Nevada monthly TA	XABLE receipt	s:
23	Reporting cycle (Please indicate filing frequency desired) Taxable sales or purchases exceeding \$10,000 per month or \$30,000 per quarter must report monthly. Monthly Quarterly Annual Sales/Use Tax								
	Consumer Use Tax Certificate of Authority								
24	Security (See Instructions)								
25	Sales Tax Fee (See Instructi	Cash \$				rety # otal Nevada Business	Locations:		
25		<i>,</i>			26 To				

Nevada Business Registration Form Instructions

Important details are requested on the Nevada Business Registration to aid in the registration process. It is important to respond to all items. Any omission could result in a delay in processing your application.

LINE BY LINE INSTRUCTIONS FOR COMPLETING THE NEVADA BUSINESS REGISTRATION.

- 1. **Check New Business** if the application is being used to start a new business or if you are making changes to an existing entity (adding a location, changing name or address, etc.) please **Check Update Business**.
- 2. Check whether you are applying for a Sales/Use Tax Permit, Consumer Use Tax Permit or a Certificate of Authority.
- 3. Check All Boxes that Apply.
- 4. **Business Entity Type:** Indicate entity type.
- 5. Nevada Business ID Number: Enter the number shown on your State Business License or exemption issued by the Secretary of State.
- 6. **Federal Tax Identification Number:** Enter your Federal Tax Identification Number (FEIN). For information regarding an FEIN, contact the Internal Revenue Service (IRS) at 1-800-829-4933 or go to http://IRS.gov/businesses. If you have applied for your number and have not received it, write "PENDING". If your FEIN changes, you must complete a new Nevada Business Registration.
- 7. State & Date of Incorporation: Enter the date and state in which you incorporated.
- 8. Corporate/Entity Name and Nevada Name (DBA): Enter your corporate/entity name and fictitious firm name that you are doing business as in Nevada.
- 9. Corporate/Entity Address, Corporate/Entity Telephone, Email address: Enter the complete address of the corporation/entity: Corporate/Entity telephone number: Email address.
- 10. Location of Nevada Business Operations, Location Telephone Number, and Business Fax Number: Enter the location of your business, Telephone Number associated with this location and Business Fax number.
- 11. **Location Mailing Address, Modified Business Tax Mailing Address:** Enter the address that will be used to mail any licenses, reports, and correspondence relating to your individual location and/or Modified Business Tax.
- 12. **Commerce Tax Mailing Address:** Enter the address that will be used to mail any licenses, reports, and correspondence relating to Commerce Tax.
- 13. Location of Business Records: Enter the address that your business records will be kept for the location you are referring to on this application.
- 14. List All Owners, Partners, Corporate Officers, Managers, Members, etc.: Include the full legal name, home address (street, city, state, and zip code), Social Security Number or Individual Taxpayer Identification Number (ITIN) if you have not been assigned a social security number in the United States. Date of birth, title in the company, percentage of business owned, and telephone number. Attach Additional Sheets if needed. *If you are making changes to the existing owners/officers currently on file with the Department, please check the box, the Department will mail you a "Taxpayer Information Update Form".
- 15. Date business started in Nevada, Date location opened in Nevada: Enter the date that your business started in Nevada: Enter the date the business will begin operations or did begin operating in Nevada. If you are adding a location please put the date of when the new location will start operations.
- 16. **Do you have employees in Nevada:** If you have employees that will be or have been working in Nevada, please put the approximate amount of employees you will have or currently have. By answering yes to this question you will need to contact the Employment Security Division (ESD) at (775) 684-0350 (Northern Nevada), (702) 486-0350 (Southern Nevada), (888) 890-8211(Toll-Free Number), if you have not done so already.
- 17. **Unemployment Insurance # (ESD/UI):** If you have already established your business with the Employment Security Division place your account number that you received that is referred to as a UI number, in this box. If you have applied but have not received your number then please put "PENDING".
- 18. **Check all boxes that apply.** <u>Please note</u> If there is an asterisk listed next to the item, there are additional applications required. Please inquire with the applicable agency as well as the local City and/or County authority.
- 19. Describe your business, NAICS (Northern American Industry Classification System) Code: Please describe the nature of your business.

Enter the 6 digit code that pertains to what your business classification is. If you are unsure you can visit http://www.census.gov/eos/www/naics/ for a list of classification codes.

20. Have you Acquired this Business, Changed Ownership or Changed your Federal Identification Number?

Date Acquired/Changed: Put the exact date in which the business was acquired or changed. Acquired/Changed By (Check all that apply): Did you purchase or are you leasing the business? If yes, how much did you purchase the business for or how much are you leasing it for? Please check the Escrow Company box if your transaction to obtain the business went through an escrow company. If other, please specify.

Portion Acquired/Changed: Did you purchase or acquire the assets only, property only, property and assets or the whole business and assets. Are you keeping the Federal Tax Identification Number: Yes/No. Name of Previous Owner(s), Business Name: Please list all previous owners and the previous business name. Business Address: Please list the address where the business was located under the previous owner. Previous businesses Sales/Use Tax permit number. Previous owners ESD/UI account number.

- 21.Estimated total Nevada monthly receipts: this is the total of all gross receipts from Nevada including wholesale sales, services necessary to complete the sale, exempt sales, etc.
- 22. Estimated total Nevada monthly Taxable receipts: this is the total of taxable sales only of tangible personal property. Do not include wholesale sales, exempt sales, etc.
- 23. **Reporting Cycle:** Please indicate filing frequency desired. Taxable sales or purchases exceeding \$10,000 per month or \$30,000 per quarter must report monthly. Options may not apply to certain tax types.
- 24. **Security:** Check the type of security deposited. A Sales/Use Tax permit will not be issued until applicable security is submitted. In order to determine the security requirement, multiply your estimated total Nevada monthly taxable receipts (box 22) by the highest tax rate in Nevada, which is 8.375% as of 01-01-2020. This is your estimated average monthly tax liability. Security is required equal to three times your monthly tax liability for monthly reporting or six times monthly tax liability for quarterly reporting. A security deposit will not be required if the amount calculated does not exceed \$1,000. There is no maximum security. After three full years of perfect reporting, you may apply for a waiver of the security requirement.
- 25. **Sales Tax Permit Fee:** A \$15.00 permit fee for EACH in-state business location is required. If the business does not have a physical location in Nevada, it must still pay a minimum fee of \$15.00. Total number of locations (box 26) should be multiplied by the Sales Tax fee (example: 3 Nevada Business Locations times (x) \$15.00 fee = \$45.00).
- 26. **Total Nevada Business Locations:** Number of physical locations in Nevada.

NEVADA	BUSINESS	REGISTRATION	(CONTINUED)

	•
TID:	

CONSOLIDATING LOCATIONS					
Locations can be consolidated if they are the sar Would you like to consolidate this location?	Locations can be consolidated if they are the same tax type and filing frequency. DEPARTMENT USE ONLY. For SUT accounts – the security				
☐ No ☐ Yes, effective Date:		\$			
29	OTHER INFO	ORMATION			
Name of spouse/relative	Address of spouse/relative		Phone number of spouse/relative		
Name of other contact	Address of other contact		Phone number of other contact		
Accountant/bookkeeper	Address of accountant/bookkeepe	r	Phone number of account	one number of accountant/bookkeeper	
Responsible local contact	Address of responsible local conta	act	Phone number of respons	ible local contact	
Credit Card Merchant:	Entity Bank Account:	ntity Bank Account: Personal Bank Account:			
Will you or your business sell ar may be seen, weighed or i	nd/or lease tangible personal measured, felt or touched, or			ty is property which Yes □ No	
If answered yes, yo	ou will be registered for Co	mbined Sales/Use Tax.	Why? See instruction	n page.	
7	Will you be providing only a	service in Nevada?	Yes □ No		
	you will be registered for C				
Anyone selling tobacco products (i products and/or cigars) as a manuf					
before they can begin purchasing or					
	*Signatures Must be that	of a Responsible Party	7 *		
I declare under penalty of perjury that and acknowledge that pursuant to NRS					
*Signature of Responsible Party	Print Name and Title	ciony to knowingry one	any faise of forged in	Date	
*Signature of Responsible Party	Print Name and Title			Date	
Signature of Responsible Fairy	Time rame and Time			Dute	
FOR DEPARTMENT USE ONLY					
☐ Cash ☐ Check #	ABA #	Bank:	Branch:		
Special instruction or additional information:					
Add COM tax effective:					

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LINE BY LINE INSTRUCTIONS FOR COMPLETING THE NEVADA BUSINESS REGISTRATION.

- 27. Consolidated? Would you like to have your locations consolidated for filing purposes? *Consolidation is not available on every tax type administered by the Department of Taxation. Consolidation only means that you consolidate your figures to file a single tax return for your locations rather than individual tax returns. Consolidation with the Fepartment does not require you to consolidate any other portion of your business. **please note: if no box is checked and you have multiple locations with the same tax type, they will be consolidated.
- 28. Department Use Only Do NOT mark in this box.

Nevada Department of Wildlife:

- 29. **Other Information:** Please list other authorized contacts. **Please note: Removal of spouse/relatives, other contacts, accountant/bookkeepers and/or local contacts must be done in writing and signed by an authorized owner/officer. You may also contact the Department's Call Center for a Taxpayer Update Form to complete these changes.
- 30. Credit Card Merchant, Entity Bank Account, Personal Bank Account. Please enter the name of your credit card merchant, your business bank account number and your personal bank account number.
- 31. Questionnaire: Answering these questions will ensure your business is registered for the proper tax types based on your business factors.

Nevada Department of Taxation: Online Registration: https://www.nevadatax.nv.gov - Website: http://www.tax.nv.gov

Note: Modified Business Tax (MBT – General Business, Financial Institutions or Mining) is a quarterly tax based on gross wages reported to the Employment Security Division (ESD) on form NUCS 4072. There is an allowable deduction for qualified health insurance plans and wages paid to certain veterans. Exceptions include non-profit 501c organizations, Indian tribes, political subdivisions per NRS 612.055, and any person who does not supply a product/service but consumes a service. Contact the Employment Security Division to determine if you are required to register with that agency. If you are required to register with ESD for Unemployment (UI) you will be automatically registered with the Department of Taxation for Modified Business Tax (MBT).

Call Center	Toll Free Taxation Help Desk	(866) 962-3707				
Las Vegas	555 E Washington Avenue • Suite 1300 • Las Vegas, • Nevada • 89101	(702) 486-2300				
Reno	. 4600 Kietzke Lane • Building L, Suite 235 • Reno, NV • 89502	(775) 687-9999				
Carson City	. 1550 College Parkway • Suite 115 • Carson City, NV • 89706	(775) 684-2000				
Henderson	2550 Paseo Verde • Suite 180 • Henderson, NV • 89074	(702) 486-2300				
Nevada Employment Security Division (ESD): Online Registration: https://uitax.nvdetr.org – Website: www.nvdetr.org						
Las Vegas		(702) 486-0250				
Reno		(775) 823-6680				
Statewide (Mai	iling) 500 E Third Street • Carson City, NV • 89713-0030	(775) 684-6300				

(775) 688-1500 (775) 684-5708

(Industrial Artificial Pond Permit) – Website: www.ndow.org.

Nevada Secretary of State:

For more information regarding local and state business licensing please visit Nevada's online Business Portal at https://www.nvsilverflume.gov.

- KEEP A COPY FOR YOUR RECORDS.