

AAA Team Sales Tax, LLC
702-321-9245

June 14, 2024

Nevada Tax Commission
3850 Arrowhead Drive, 2nd Floor
Carson City, NV 89706

Subject: Public Comment on the Nevada Business Registration
Fees and Security Deposit section
Instructions for Item 21 and Item 22

Hello Commissioners,

I have a question of Executive Director Hughes, “What Nevada Revised Statute (NRS) requires the Taxpayer to report more than gross receipts as defined by NRS 372.025 in the Fees and Security Deposit section of the Nevada Business Registration Form?”. Wholesales are not part of gross receipts per NRS 372.025. Also, in most cases, service charges are not part of NRS 372.025. NRS 360.5973 is talking about taxable sales activity because the security deposit would be applied to unpaid sales tax liability. NRS 360.5973 mentions NRS 372, NRS 374, and NRS 377 but not NRS 363C (Nevada Commerce Tax).

I do have a question of Executive Director Hughes, “What procedures are in place to ensure that a Taxpayer gets a proper education on NRS 372 and NRS 360 before completing the Nevada Business Registration online or in person?”. NRS 360.5973 requires the Department to provide information to the Taxpayer about potential liability of taxes per NRS 372 for their type of business. The Department and the Nevada Attorney General have often said it is the Taxpayer responsibility to learn NRS 372 on their own. I think NRS 360.5973 would disagree with that statement.

Thank You and Be Safe!

Ron Voigt
702-321-9245

NEVADA BUSINESS REGISTRATION

Please Print Clearly – Use Black or Blue Ink Only
 Please see instructions regarding form detail and online registration options.

| | | | | | | | | | |
|------------------------------------|--|---|--|---|---|--|---|--|--|
| 1 | <input type="checkbox"/> New Business <input type="checkbox"/> Update Business | 2 | <input type="checkbox"/> Sales/Use Tax Permit <input type="checkbox"/> Consumer Use Tax Permit <input type="checkbox"/> Certificate of Authority | 3 | <input type="checkbox"/> Change in Ownership/Entity/Officers <input type="checkbox"/> Change in Mailing Address <input type="checkbox"/> Add Location | 4 | <input type="checkbox"/> Change in Entity/DBA Name <input type="checkbox"/> Change in Location Address <input type="checkbox"/> Other | | |
| 4 | Business Entity: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership | 5 | <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership | 6 | Nevada Business ID (11 Digits) NV | 7 | Federal Tax ID Number - | | |
| 8 | Corporate/Entity Name (as shown on State Business License): | | | | Nevada Name (DBA): | | | | |
| 9 | Corporate/Entity Address: Street Number, Name Suite or Unit City, State, Zip | | | | Corporate/Entity Telephone: | | Email Address: | | |
| 10 | Location of Nevada Business Operations: Street Number, Name Suite or Unit City, State, Zip | | | | Location Telephone: | | Business Fax: | | |
| 11 | Location Mailing Address: Street Number, Name Suite or Unit City, State, Zip | | | | Modified Business Tax Mailing Address: Street Number, Name Suite or Unit City, State, Zip | | | | |
| 12 | Commerce Tax Mailing Address: Street Number, Name Suite or Unit City, State, Zip | | | | 13 Location of Business Records: Street Number, Name Suite or Unit City, State, Zip | | | | |
| 14 | List ALL Owners, Partners, Corporate Officers, Managers, Members, etc. Attach Additional Sheets if Needed. <input type="checkbox"/> Please check the box if making changes to existing officers and the Department will send you a "Taxpayer Information Update Form". | | | | | | | | |
| 15 | Last, First, MI: | | Percent Owned | | SSN or ITIN | | Date of Birth | | |
| 16 | Title | | | | Residence Address: Street Number, Name Suite or Unit City, State, Zip | | | | |
| 17 | Last, First, MI: | | Percent Owned | | SSN or ITIN | | Date of Birth | | |
| 18 | Title | | | | Residence Address: Street Number, Name Suite or Unit City, State, Zip | | | | |
| 19 | Last, First, MI: | | Percent Owned | | SSN or ITIN | | Date of Birth | | |
| 20 | Title | | | | Residence Address: Street Number, Name Suite or Unit City, State, Zip | | | | |
| 21 | Date Business Started in NV: | Date location opened in NV: | 16 Do you have employees in Nevada, if so how many? | | | 17 Unemployment Insurance # (ESD/UI): | | | |
| 22 | PLEASE CHECK ALL THAT APPLY TO YOUR BUSINESS <input type="checkbox"/> Service <input type="checkbox"/> Tobacco/OTP* <input type="checkbox"/> Marketplace Facilitator <input type="checkbox"/> Marketplace Seller <input type="checkbox"/> Retail Sales – New <input type="checkbox"/> Financial Institution <input type="checkbox"/> Cannabis Retail * <input type="checkbox"/> Cannabis Wholesale * <input type="checkbox"/> Retail Sales – Used <input type="checkbox"/> Leasing (other than employees) <input type="checkbox"/> Peer to Peer Car Sharing <input type="checkbox"/> Manufacturing <input type="checkbox"/> Live Entertainment <input type="checkbox"/> Construction/Erection <input type="checkbox"/> Wholesale <input type="checkbox"/> Tire Sales <input type="checkbox"/> Other: <input type="checkbox"/> Independent Cannabis Consumption Lounge * <input type="checkbox"/> Retail Cannabis Consumption Lounge* <input type="checkbox"/> Retail Liquor* | | | | | | | | |
| 23 | Describe in detail the nature of your business in Nevada. Include product sold, labor performed and/or services rendered. Nevada Transportation Authority # &/or Nevada Taxi Cab Authority #: _____ * Additional application required. See instruction page | | | | | | | | |
| 24 | NAICS Code: _____ Don't Know? Click Here https://www.census.gov/naics/ Preferred Language: _____ | | | | | | | | |
| 25 | If you have acquired a Nevada Business, Changed Ownership/Business Entity, or have a new Federal Tax Identification number, complete this section: | | | | | | | | |
| 26 | Date Acquired/Changed: | Acquired/Changed by (Check all that apply): <input type="checkbox"/> Purchase \$ _____ <input type="checkbox"/> Escrow Company <input type="checkbox"/> Lease \$ _____ MO <input type="checkbox"/> Other: _____ | | | Portion Acquired/Changed: <input type="checkbox"/> Assets Only <input type="checkbox"/> Property and Assets <input type="checkbox"/> Whole Business and Assets | | Are you keeping the Federal Tax Identification number (Y/N): <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 27 | Name(s) of Previous Owner(s): | | | | Previous Owner(s) Business Name: | | | | |
| 28 | Business Address: Street Number, Name Suite or Unit City, State, Zip | | | | Previous Business Sales/Use Tax Permit Number: | | Previous Owner(s) ESD/UI Account Number: | | |
| FILING AND SECURITY DEPOSIT | | | | | | | | | |
| 29 | Estimated total Nevada monthly receipts: | | | | 30 | Estimated total Nevada monthly TAXABLE receipts: | | | |
| 31 | Reporting cycle (Please indicate filing frequency desired) | | | | | | | | |
| 32 | Sales/Use Tax | | | | Taxable sales or purchases exceeding \$10,000 per month or \$30,000 per quarter must report monthly. | | | | |
| 33 | Consumer Use Tax | | | | Monthly | Quarterly | Annual | | |
| 34 | Certificate of Authority | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 35 | Security (See Instructions) | | | | | | | | |
| 36 | <input type="checkbox"/> Cash \$ | | | | <input type="checkbox"/> Surety # | | | | |
| 37 | Sales Tax Fee (See Instructions) | | | | 38 | Total Nevada Business Locations: | | | |

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.** If you are applying for retail and or wholesale cannabis tax, you must provide proof of licensing with the Cannabis Control Board.
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 <https://www.census.gov/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.

NRS 360.5973 Issuance, assignability and display of permit; explanation of liability for collection and payment of taxes.

1. Except as otherwise provided in NRS 360.205 and 360.5975, after compliance with NRS 360.5971, 360.5972, 372.510 and 374.515 by an applicant for a permit, the Department shall:

(a) Grant and issue to the applicant a separate permit for each place of business within the county.

(b) Provide the applicant with a full, written explanation of the liability of the applicant for the collection and payment of the taxes imposed by chapters 372, 374 and 377 of NRS. The explanation required by this paragraph:

(1) Must include the procedures for the collection and payment of the taxes that are specifically applicable to the type of business conducted by the applicant, including, without limitation, and when appropriate:

(I) An explanation of the circumstances under which a service provided by the applicant is taxable;

(II) The procedures for administering exemptions; and

(III) The circumstances under which charges for freight are taxable.

(2) Is in addition to, and not in lieu of, the instructions and information required to be provided by NRS 360.2925.

2. A permit is not assignable and is valid only for the person in whose name it is issued and for the transaction of business at the place designated therein. A permit must at all times be conspicuously displayed at the place for which it is issued.

(Added to NRS by 2021, 2009)