

St. Martin Parish Sales & Use Tax Application

P. O. Box 1000, Breaux Bridge, LA 70517

Phone (337) 332-2105

Fax (337) 332-1287

Reason for applying Name of previous owner Trade Name of previous owner Parish Account Number	A. <input type="checkbox"/> Started new business B. <input type="checkbox"/> Purchased going business _____ _____ _____	C. <input type="checkbox"/> Change of name D. <input type="checkbox"/> Opening additional location E. <input type="checkbox"/> Merger F. <input type="checkbox"/> Other
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A. Trade name (Name on return): _____
 Legal name: _____ (Individual, Partners, or Corporation)
 Telephone: () _____ Ext. _____
 Fax Number: () _____
 Business physical address: _____
 (Street, route, or highway - not P.O. Box or General Delivery)
 City and state _____ Zip _____
 Address for receiving tax forms and correspondence _____
 (If same as location, write "Same")
 City and state _____ Zip _____
 E-mail address: _____
 Web Site Address _____
 First date sales will be made in this parish _____ (mmdyyyy)
 Requested Reporting Status: Monthly Quarterly Occasional/Irregular Annual
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 on a regular bases or (2) business that performs services that are not taxable.

Do you want paper forms mailed to your mailing address: _____ Will you be filing electronically: _____

Federal Standard Industrial Code _____ (If unknown, please leave blank)
 Parish in Louisiana _____ How many locations in St. Martin Parish _____
 Federal identification number _____ Applied for None
 B. LA Sales Tax Number _____
 Contact Person _____ Contact Phone Number () _____
 Contact Fax Number () _____ Contact E-mail _____
 Contact Web Site _____
 Location of Accounting Records: _____

C. Type of organization: A. Individual B. Partnership C. S Corp D. LLC
 E. LLP F. Corporation G. C Corp H. Other:
 D. Nature of Business: Retail Sales Repair Service Retail Service Wholesale
 Manufacturing/Fabricating Contractor Other _____
 Describe in detail your business: type of sales, activity, or services you perform -

Do you anticipate making deliveries: Yes _____ No _____ Maybe _____
 E. If sole owner (individual): Name _____ SSN _____
 Home address: _____ Telephone () _____
 CPA, Individual, or Corp. Assisting you: _____
 Address: _____ Telephone () _____

F. If Corporation, LLC, LLP, or Partnership: name, title, social security number, home address, and telephone number of officers, members, managers, or partners;
 Name: _____ SSN: _____
 Title: _____ Telephone: () _____
 Home Address: _____
 Name: _____ SSN: _____
 Title: _____ Telephone: () _____
 Home Address: _____

I affirm that the information given on this application is true and correct.	Preparer (PRINT ONLY)	Title
	Signature of preparer	Date