

APPLICATION FOR TAXPAYER NUMBER PARISH OF RAPIDES

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Findine (518) 445-0290 "Fax (518) 449-4552 " Elinan: info@rpst.org " www.naota.com			
☐ Started new business ☐ Date business began	Reason for Applying ☐ Opening additional location		□ Change of name
□ Purchased ongoing business	□ Merger		□ Other
Previous owner or merger name Trade name of previous owner			
Parish account number:			
Louisiana Sales Tax Number		☐ Applied For	□ None
		□ Applied For	□ None
Federal Standard Industrial Code	if unknown, please leav	e blank	
How many other locations in Rapides Parish			nder same ownership
Legal Name(s) (individual, partners or corporation)			
Trade name of business			
☐ Within Alexandria City Corp Limits ☐ Within Pineville City Corp Limits ☐ Within Town of Glenmora Corp Limits ☐ Within Town of Lecompte Corp Limits ☐ Business Location (Street, route or highway – N	☐ Within Town of Ball Corp Limit ☐ Within Town of Boyce Corp Lin ☐ Within Town of Woodworth Cor ☐ Within Rapides Parish IOT P.O. Box) City	its p Limits	□ Within Town of Cheneyville Corp Limits □ Within Village of Forest Hill Corp Limits □ Within Village of McNary Corp Limits □ Outside Rapides Parish Zip Telephone
Address for receiving tax forms & correspondence (If same location, write "same") City State Zip Telephone			
Contact Person Phone Number	Fax Number	e-mail addr	ess Web Site Address
Location of Accounting Records	City	State	Zip Telephone
Type of Organization □ Individual □ Partnership □ Corporation □ LLC □ LLP □ Governmental □Non-Profit □ Other			
Owner Information			
Name		Social Se	curity Number
Home Address	City	State Zip	<u>() </u>
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If Corporation, LLC, LLP, or Partnership, please attach the following: name, title, social security number, home address and telephone number of officers, members, managers or partners and Articles of Incorporation or Organization			
Agent for service or process: name	ohysical address City	State Zip	Telephone
Nature of Business □ Retail Sales □ Contractor □ Contractor □ Repair Service □ Other □ Other □ Date of first sale within Rapides Parish or date business started at this location			
Describe in detail your business: type of sales, activity or service you perform			
Requested reporting status			
I affirm that the information given on this application is true and correct.			
Signature of Applicant or Preparer	Title		Date