CITY OF AUBURN, AL
TAX REGISTRATION FORM

TAX/LICENSING INFORMATION:

Check the taxes/license fees for which you are liable: ☐Sales ☐Use ☐Rental/Leasing ☐Lodging

Estimated Monthly Tax Liability: $_____ Preferred Filing Status: ☐Monthly ☐Quarterly ☐Annually ☐Occasional ☐One-time

Description of Business Activity: _____

First Day Business Activities Will Begin in Auburn: _____(Month) _____ (Day) _____ (Year)

How will goods delivered into the City? ☐ Common-carrier ☐Company-owned vehicle ☐Leased vehicle

Will you have any sales representatives, delivery personnel, or agents representing your company performing work or conducting business activities in the City? ☐Yes ☐No **If yes, do not complete this form—complete a Business Registration form.**

BUSINESS INFORMATION:

Business Name:_____

Federal Identification # _____ State of Alabama Sales/Use Tax # _____

Business Category: ☐Agriculture ☐Contractor ☐Manufacturing ☐Retail ☐Service ☐Wholesale ☐Not-for-profit

Business Type: ☐Limitied Liability Partnership (LLP) ☐Limited Liability Corporation (LLC) ☐Corporation ☐Proprietorship (one owner) ☐Partnership (two or more owners) ☐Church

ADDRESS INFORMATION:

Physical Address: _____, _____, _____ _____
Street Address City State Zip Code

Mailing Address, if Different: : _____, _____, _____ _____
Street Address City State Zip Code

CONTACT INFORMATION: (Person who can answer tax/licensing questions about this business)

Name/Title: _____

Business Phone # _____ Fax # _____ Email # _____

OWNER/PARTNER/OFFICER INFORMATION: (Person legally responsible for business) *–Attach additional sheet if necessary*

Name/Title: _____

Address: _____, _____, _____ _____
Home Address City State Zip Code

SSN: _____ DOB: _____ DL#/STATE: _____

Business Phone # _____ Fax # _____ Email # _____

Under penalties of perjury, I declare that I have examined this form and to best of my knowledge and belief, it is true, correct, and complete. My signature indicates that I take full responsibility for the information presented on this form and any tax liability that might occur.

_____ _____
Signature of the Person Completing This Registration Form Date

_____
Print Name of the Person Completing This Registration Form

Mail Completed Form To: City of Auburn-Revenue Office at 144 Tichenor Avenue·Suite 6·Auburn, AL 36830
Office: (334) 501-7239 · Fax: (334) 501-7297 · Website: www.auburnalabama.org