

# 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	A. <input type="checkbox"/>	Started new business	C. <input type="checkbox"/>	Change of name
	B. <input type="checkbox"/>	Purchased going business	D. <input type="checkbox"/>	Opening additional location
Name of previous owner	_____			E. <input type="checkbox"/> Merger _____
Trade Name of previous owner	_____			F. <input type="checkbox"/> Other _____
Parish Account Number	_____			

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 \_\_\_\_\_ (mmddyyyy)  
 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: \_\_\_\_\_

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