



**Non-Resident Contractor's Application for Louisiana Revenue Account Number**

Taxpayer Services Division  
 P.O. Box 4998  
 Baton Rouge, LA 70821-4998  
 (225) 219-7356, Option 3

PLEASE PRINT OR TYPE.

Date of application (mm/dd/yyyy) \_\_\_\_\_

<b>1</b>	<input type="checkbox"/> Sales/Use <input type="checkbox"/> Withholding <input type="checkbox"/> Non-employee Compensation <input type="checkbox"/> Other _____																																																																																		
<b>2</b>	Indicate the account number you use for each tax filed with the Louisiana Department of Revenue. LA Corp. Tax Number    None <input type="checkbox"/> LA Sales Tax Number    None <input type="checkbox"/> LA Withholding Tax Number    None <input type="checkbox"/>																																																																																		
<b>3</b>	Legal name(s) Trade name of business _____ Telephone _____																																																																																		
<b>4</b>	Business location address (NO P.O. Box or General Delivery) City _____ State _____ ZIP _____																																																																																		
<b>5</b>	Mailing Address for receiving tax forms and correspondence (If same as business location, write "same".) City _____ State _____ ZIP _____ Telephone _____																																																																																		
<b>6</b>	Type of organization: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____																																																																																		
<b>7</b>	U.S. NAICS Code (see instructions) <b>required &gt;</b>																																																																																		
<b>8</b>	Federal Employer ID Number _____ <input type="checkbox"/> None																																																																																		
<b>9</b>	If sole owner (individual): Name _____ SSN > _____ Home address _____ Telephone _____ City _____ State _____ ZIP _____																																																																																		
<b>10</b>	If corporation or partnership: name, title, Social Security Number, home address, and telephone number of each officer or partner <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Name</td> <td style="width:20%;">City</td> <td style="width:10%;">State</td> <td style="width:10%;">ZIP</td> <td style="width:10%;">Title</td> <td style="width:10%;">SSN &gt;</td> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> <tr> <td>Address</td> <td></td> <td></td> <td></td> <td></td> <td>Telephone</td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Name</td> <td>City</td> <td>State</td> <td>ZIP</td> <td>Title</td> <td>SSN &gt;</td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Address</td> <td></td> <td></td> <td></td> <td></td> <td>Telephone</td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Name</td> <td>City</td> <td>State</td> <td>ZIP</td> <td>Title</td> <td>SSN &gt;</td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Address</td> <td></td> <td></td> <td></td> <td></td> <td>Telephone</td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											Name	City	State	ZIP	Title	SSN >							Address					Telephone							Name	City	State	ZIP	Title	SSN >							Address					Telephone							Name	City	State	ZIP	Title	SSN >							Address					Telephone						
Name	City	State	ZIP	Title	SSN >																																																																														
Address					Telephone																																																																														
Name	City	State	ZIP	Title	SSN >																																																																														
Address					Telephone																																																																														
Name	City	State	ZIP	Title	SSN >																																																																														
Address					Telephone																																																																														
<b>11</b>	Louisiana Secretary of State Charter Number (if known) _____ State of incorporation (if not Louisiana) _____																																																																																		
<b>12</b>	Corporation Income/Franchise: Date charter filed with Louisiana Secretary of State																																																																																		
<b>13</b>	Sales or Use Tax: Date business begin operations in Louisiana																																																																																		
<b>14</b>	Withholding Tax: (See instructions.) Select filing frequency. <input type="checkbox"/> quarterly <input type="checkbox"/> monthly <input type="checkbox"/> semi-monthly																																																																																		
<b>15</b>	Description of business or work performed (required) (See instructions.):																																																																																		

**I affirm that the information given on this application is true and correct.**

Applicant Name (Please print.)	Applicant Title
Applicant Signature X	Date (mm/dd/yyyy)
Preparer Name (Please print.)	Preparer Title
Preparer Signature X	Date (mm/dd/yyyy)