



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) _____

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