REGISTER YOUR BUSINESS ONLINE FOR FREE

Ready to sign up for LaTap? Visit LaTap.Revenue.Louisiana.Gov to get started.

SECURE.

EASY.

WHY SHOULD YOU USE LATAP



FAST.

REGISTERING IS SIMPLE

It takes less than 7 minutes to register on your desktop or mobile device



FILING HAS NEVER BEEN EASIER

File most returns in less than 3 minutes online



STAY UP TO DATE ON TAX RATES

Faster and Easier than a paper return and its free



PROCESS RETURNS FASTER

Receive immediate confirmation for all transactions; returns processed within 24-48 hours



ACH DEBIT

Make ACH debit or credit card payments with no convenience Fees



ACCOUNT ACCESS

Access to your account 24/7; option to schedule payments at your convenience



WWW.LATAP.REVENUE.LOUISIANA.GOV

R-160	19 (5/08) CR1									
Application for Louisiana Revenue Account Numbe										
		P.O. Box 201 Baton Rouge, LA 70821-020			For office use only.					
C	ontributing to a better quality of life	(225) 219-7318								
	of application									
1.	A. Sales/ Use	Sales Tax	 B. □ Withholding C. □ Vehicle Rental Excise 			F. 🗌 O	ther			
	□ Statewide Hotel/Motel D. □ Severance									
	 Jefferson Parish H Orleans Parish Ho 		E. Oil and Gas Classification Taxpayer Only	า						
	 Orleans Parish Re 		Producer Only							
	□ N.O. Airport Food		Producer/Taxpayer							
	Motor Vehicle Less									
2.	Reason for applying	A. Started new busir B. Purchased ongoir	ness C.	••••	/)					
3.	Indicate the account number you use for each tax filed with the Louisiana Department of Revenue.									
	LA Corp. Tax Number None LA Sales Tax Number None LA Excise Taxes Number None						one 🗌			
	LA Withholding Tax Numbe	r None LA Severa	ance Tax Number None 🗌		Natural	Resource N	lumber N	one 🗌		
4.	A. Legal name(s)				Talant					
5.	B. Trade name of business A. Business location address (NO P.O. Box or General Delivery)				Teleph					
э.	B. City and state	ess (NO P.O. Box of General Dell	very)				. ZIP			
6.	· · ·	av forme and correspondence	(If some leastion write "some")							
0.	 A. Address for receiving tax forms and correspondence (If same location, write "same".) B C D E Additional mailing 									
	City and State ZIP Telephone address(es) attached							attached		
7.	Type of organization: A.	: A. Individual B. Partnership C. Corporation D. Governmental E. Nonprofit F. Other								
8.	U.S. NAICS Code (required)	9.	9. Federal Employer ID Number				Ν	lone 🗌		
10.	If sole owner (individual): Name					Ν				
	Home address				Tel	ephone				
11.	If corporation or partner- ship: name, title, Social	Name	Title		— ss	Ν				
	Security Number, home	Address								
	address, and telephone number of officers or	Name	Title			ephone				
	partners	Nume				N				
		Address				ephone				
12.										
13.	Permits -Sellers of liquor, beer, or wine (wholesale or retail), must obtain a permit from the Office of Alcohol and Tobacco Control. A permit from the Louisiana State Police Gaming Division must be obtained by sellers of lottery tickets or operators of video poker games. Indicate permit number(s) that you currently hold.									
	A. Lottery Permit Number B. Expiration Mo								_	
					onth/Year					
	VPG Permit Number Expiration Mo								_	
14.	A. Corporation Income/Frar	chise: Date charter filed with L	ouisiana Secretary of State	Mo.	Day Yr.	Domestic B.	Foreign	Fiscal Month C.		
15.	Sales or Use Tax: Date bus	iness begins sales operations	from this location				•	1		
16.	6. Withholding Tax: (See instructions.) Select filing frequency.									
<u>17.</u>	Severance Tax: Select filing	g frequency.	nthly 🗌 45-day							
<u>18.</u>	Description of business: (re									
	firm that the information gi this application is true and	Ven Signature of applicant	Signature of applicant		Title					
cor	rect.	Signature of preparer		Date	Date (mm/dd/yyyy)					

