



Application for Louisiana Revenue Account Number

Mail: Louisiana Department of Revenue
P.O. Box 1469
Baton Rouge, LA 70821

Phone: (855) 307-3893
Fax: (225) 219-0806
Email: CentralReg@LA.Gov



Tired of paper? Scan this QR code to visit the [LaTAP website](https://latap.revenue.louisiana.gov/) where you can register a business, file and pay electronically, and view your account.
<https://latap.revenue.louisiana.gov/>

SECTION 1 - BUSINESS INFORMATION - REQUIRED

1. Legal Name: _____
2. Business Trade Name (if applicable): _____
3. Federal Employer ID (EIN) (if one already exists):
4. Social Security Number (SSN) (If sole proprietor, list SSN.):
5. Business Phone Number:
6. Louisiana Charter Number (if applicable):
7. Date Entity Began Doing Business: _____
8. Business Email Address: _____
9. Primary Location of Business: _____
10. Primary Mailing Address: _____
11. Reason for Applying: ☐ Started new business ☐ Purchased ongoing business
12. Organization Type: ☐ Sole Proprietor ☐ Corporation ☐ Government Entity ☐ Partnership ☐ Fiduciary Trust (estate)
☐ Other: _____
☐ Limited Liability Company - If selected, choose sub-entity type from below:
☐ LLC C Corporation ☐ LLC Partnership
☐ LLC S Corporation ☐ Single Member LLC (disregarded entity)
13. Business Description/Principal Activity: _____
14. NAICS Code:

SECTION 2 - OWNER/OFFICER INFORMATION - REQUIRED

(Names of Directors, Partners, Officers, or Members; Name of Trustee or Personal Representative; Name of Responsible Party)

15. Name and Title: _____
19. Name and Title: _____
16. Social Security Number: _____
20. Social Security Number: _____
17. Additional Phone Number: _____
21. Additional Phone Number: _____
18. Home Address: _____
22. Home Address: _____

SECTION 3 - TAX TYPE SELECTION - SEE INSTRUCTIONS.

- ☐ **Sales/Use Tax** Date business begins operations in Louisiana: _____
- ☐ Louisiana General Sales Tax ☐ Statewide Hotel/Motel ☐ Fairs, Festivals, and Other Special Events
- ☐ New Orleans Exhibition Hall ☐ Automobile Rental ☐ New Orleans Hotel/Motel
- ☐ Sales Prepaid Phone
- Select filing frequency: ☐ Monthly ☐ Casual
- ☐ **Corporation** Date business begins operations in Louisiana: _____
- Select filing frequency: ☐ Calendar-Year Filer ☐ Fiscal-Year Filer (Enter Dates.): _____
- ☐ **Withholding Tax** Date business begins payroll withholding from this location: _____
- Select filing frequency: ☐ Quarterly ☐ Monthly ☐ Semi-Monthly
- ☐ **Partnership Tax** Date business begins requiring this account: _____
- ☐ **Fiduciary Tax** Date business begins requiring this account: _____
- ☐ **Other Tax Types** _____
- Date business begins requiring this account: _____

I affirm that the information contained in each section of this application is true, correct, and complete to the best of my knowledge and belief.

Signature of Applicant

Title

Date (mm/dd/yyyy)

Signature of Preparer

