

**APPLICATION FOR TAXPAYER NUMBER****PARISH OF ST. LANDRY**

1013 Creswell Lane, Opelousas, LA 70570

P. O. Box 1210, Opelousas, LA 70571

Phone (337) 942-0238 * Fax (337) 942-0212 * https://www.slpsb.org/apps/pages/sales_tax_home**NOTE: A separate application is required for each location**

Check all that apply:

☐ Sales/Use Tax☐ Hotel/Motel**Reason for Applying**☐ Started new business☐ Opening additional location☐ Merger _____
and _____☐ Change of name _____☐ Purchased ongoing business:

Name of previous owner _____

Trade name of previous owner _____

Parish account number _____

☐ Other _____

Louisiana Sales Tax Number _____

☐ Applied For☐ None

Federal Identification Number _____

☐ Applied For☐ None

Federal Standard Industrial Code _____

(if unknown, please leave blank)

How many other locations in St. Landry Parish _____

Total locations under same ownership _____

Legal Name(s) (individual, partners, or corporation)

Trade name of business

Business location address (Street, NOT P.O. Box)

City

State

Zip

Telephone
()Address for receiving tax forms & correspondence
(if same as location, write "Same")

City

State

Zip

Telephone
()

Contact Person

Phone Number
()Fax Number
()

e-mail address

Web Site Address

Location of Accounting Records

City

State

Zip

Telephone
()**Type of Organization**☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ LLP ☐ Governmental ☐ Non-Profit ☐ Other _____

If Sole Owner (individual): Name _____ SSN _____

Home address _____ Telephone () _____

If Corporation, LLC, LLP, or Partnership, please attach the following: name, title, social security number, home address, and telephone number of all officers, members, managers or partners

()

Agent for service or process: Name

Address

City/State

Zip

Telephone

Nature of Business:

☐ Retail Sales☐ Repair Service☐ Retail Service☐ Wholesale☐ Contractor☐ Manufacturing/Fabricating ☐ Other _____

Describe in detail your business: Type of sales, activity, or service you perform

First date sales will be made from this location _____ Date business first started operations _____

Requested Reporting Status: ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual ☐ Occasional/Irregular*Reporting frequency and filing status will be determined by the Administrator according to parish policy. Businesses with a location within the 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 within the parish on a regular basis; and/or (2) businesses that perform services that are not taxable.*

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

Signature of Applicant or Preparer_____
Title_____
Date