Department of Revenue Services State of Connecticut PO Box 2937 Hartford CT 06104-2937 (Rev. 06/18)

Form REG-1

DRS use only - Connecticut Tax Registration Number				

Business Taxes Registration Application

1.	Rea	ason for Filing Form RE	G-1	(check the applicable box):							
		Opening a new business including but not limited to:									
		a. An existing out-of-state business opening a location in Connecticut;									
		b. Selling at a craft show, flea market, fair, or other venue in Connecticut or selling over the Internet; or									
	_	c. An existing out-of-state business having employees in Connecticut (including nonresident contractors and loan-out companies									
	Opening a new location. Enter your Connecticut Tax Registration No:										
				Enter your Connecticut Tax Regis	stı	ration N	lo:				
	Ш	Reopening a closed busine									
			_	ration No. of the closed business:							
	J	Purchasing an ongoing business. The buyer of an existing business may be responsible for tax liabilities of the previous owner. See the Informational Publication on Successor Liability for Sales and Use Taxes, Admissions and Dues Tax, Cigarette Taxes, Tobacco Product Taxes, and Connecticut Income Tax Withholding, on the DRS website at www.ct.gov/DRS Enter Connecticut Tax Registration No. of the previous owner:									
				Connecticut law or a non-Connectic							
		Establishing a passive inve									
		Changing organization type	e. Ent	ter your current Connecticut Tax I	Re	egistrati	ion No:	·			
		Explain:									
		Household employer intend	ding t	o withhold Connecticut income tax for	or	housek	eepers	, nannies, caretakers, etc.			
		Other (explain); see instruc	tions	Who Needs to Complete REG-1							
2.	Tyr	pe of Entity									
		Sole proprietorship		☐ Single member LLC (SMLLC)				C Corporation			
	_			☐ Single member LLC taxed as a 0	2 (corporati		-			
		General partnership		_		•	_	Qualified subchapter S subsidiary (QSSS)			
		Limited liability partnership (L	LP)	_		-					
I imited liability company (LLC) taxed as a C corporation											
		Limited partnership (LP)		☐ Limited liability company (LLC) to							
		Limited partnership taxed as	аС								
3	Nat	ture of Rusiness Activity	v (ch	neck the box(es) that best describe y	/OI	ur husin	occ).				
٥.	_	Retailer	• '	Manufacturer			-	(explain):			
_					_						
4.		jor Business Activity	4			Enter No. (NAICS):		rican Industry Classification System Code			
	Des	scribe your major business	s acti	ivities:	(N						
					Call 1-888-75NAICS or visit www.census.gov/eos/www/naics to determine your NAICS code.						
5. Business Name and Address											
	Enti	ity name: Enter the name of the sole	propri	ietor, partnership, corporation, or LLC.			Federal Employer Identification Number (FEIN), if app				
	Trade or "doing business as" name						CT Secretary of the State Business ID No., if applicable				
Business Location: Enter the physical address of the business. A post office box or rural route number is not acceptable. Home-based businesses and											
	flea market or craft show vendors must enter a home address. Physical address (PO Box not accepted) number and street										
City State						ZIP Code					
	Mailing address (if different from physical address) number and street or PO Box										
	City	,		Sta	te			ZIP Code			
	Bus	siness telephone number	Email	address				Business bank name			
	()		-							
											

6. List All Owners, Partners, Corporate Officers, or LLC Members Attach a separate sheet if needed. If the owner(s), partners, or LLC member(s) are a business, enter the business information and FEIN. Name (last, first, middle initial) Title Number and street City State ZIP code Home telephone number SSN/FEIN Date of birth Bank name / <u>d d</u> Name (last, first, middle initial) Title Number and street City ZIP code State Home telephone number SSN/FEIN Date of birth Bank name Name (last, first, middle initial) Title Number and street City State ZIP code Home telephone number SSN/FEIN Date of birth Bank name $\frac{1}{m} \frac{1}{m} \frac{1}{d} \frac{1}{d} \frac{1}{v} \frac{1}$ Name (last, first, middle initial) Title Number and street City State ZIP code Home telephone number SSN/FEIN Bank name 7. Income Tax Withholding Are you an employer that transacts business or maintains an office in Connecticut and intends ☐ No If you have a Connecticut tax registration number for withholding for another location and intend to file withholding for this new location under that number, enter that number here and skip to Section 8; otherwise continue. Are you an out-of-state company voluntarily registering to withhold Connecticut ☐ No Do you transact business or maintain an office in Connecticut and intend to make payments of pensions, ☐ No ■ No ☐ No □ No If Yes, do you file federal Form 943, Employer's Annual Tax Return for Agricultural Employees, If you answered Yes to any of the income tax withholding questions, enter the date you will start withholding Connecticut income tax. If you use a payroll service, enter the name of the payroll company:

Form REG-1 (Rev. 06/18) Page 2 of 4

8.	Sales and Use Taxes		
	Do you sell, or will you be selling, goods in Connecticut (either wholesale or retail)?	J Yes	☐ No
	Do you rent equipment or other tangible personal property to individuals or businesses in Connecticut?	Yes	☐ No
	Do you serve meals or beverages in Connecticut?	J Yes	☐ No
	Do you provide a taxable service in Connecticut? For a list of taxable services, visit the DRS website at www.ct.gov/DRS to review Informational Publication 2017(25), Getting Started in Business.	J Yes	☐ No
	If you answered Vas to any of the sales and use tayes questions		
	enter the date you will start selling or leasing goods or taxable services	_ /	
_		У	у у у
88	a. Prepaid Wireless E 9-1-1 Fee	1 \/	— N:
	Do you sell prepaid wireless services in Connecticut?	J Yes	□ NO
	If you answered Yes , enter the date you will start to sell these in Connecticut.	- [/] -	<u>y</u> <u>y</u> <u>y</u>
9.	Room Occupancy Tax - Do not complete this section if the room occupancy tax is collected and paid by a the registered with DRS to collect the tax.		
	Do you provide rooms for rent in a hotel, motel, lodging house, or bed and breakfast establishment in Connecticut for 30 consecutive days or less?	J Yes	☐ No
	If you answered Yes , enter the date you will start to provide rooms for rent for lodging purposes in Connecticut	_ /	
40		У	у у у
10	D. Business Entity Tax - Do not complete this section if the entity is liable for the corporation business tax.		
	The business entity tax applies to all of the following business types formed under Connecticut law and to those nentities required to register with or obtain a certificate of authority from the Connecticut Secretary of the State before business in the state, whether or not the business has registered or filed a certificate of authority, as the case may Connecticut Secretary of the State.	ore tran	sacting
	 S corporations (Qualified subchapter S subsidiaries (QSSS) are not liable for the business entity tax.); Limited liability companies (LLCs or SMLLCs) — any limited liability company that is, for federal income tax pu Treated as a partnership if it has two or more members; or 	ırposes	, either:
	Disregarded as an entity separate from its owner if it has a single member;		
	Limited liability partnerships (LLPs); and		
	Limited partnerships (LPs).		
	Are you a husiness entity as described above?	J Yes	☐ No
		1	
	If not organized in Connecticut, enter the earlier of the date you started business in Connecticut or the date you registered with the Connecticut Secretary of the State.		ууу
	Enter the month your tax year closes:	у у	у у у
11	 Corporation Business Tax or Unrelated Business Income Tax - Do not complete this section if the er business entity tax. 	tity is li	able for the
	Corporation Business Tax		
	Are you a C corporation?	J Yes	■ No
	Are you an LLC, SMLLC, or other entity taxed as a C corporation?	Yes	☐ No
	Is this corporation exempt from federal income tax?	J Yes	☐ No
	Have you received a determination from the Internal Revenue Services (IRS) that this corporation is exempt from federal income tax?	J Yes	□ No
	If Yes , enclose a copy of your IRS letter of determination.		
	Enter state you are organized under: Enter date of organization m_ m / d_ d	/	
	If not a Connecticut corporation, enter the earlier of the date you started business in Connecticut or the date you registered with the Connecticut Secretary of the State.	-	
	Enter the month the corporate year closes:	у у	у у у
	Passive Investment Company (PIC)	1 V	
	Is this corporation a passive investment company as defined in Conn. Gen. Stat. §12-213(a)(27)?		
	Enter the date the PIC was organized.	-	<u>y</u> <u>y</u> <u>y</u>
	Enter Connecticut tax registration number of the PIC's related financial service or insurance company:		
	Unrelated Business Income Tax		
	Are you a federally exempt organization that has unrelated business income attributable to a trade or business in Connecticut?	J Yes	☐ No
	Are you a federally exempt organization that has unrelated business income attributable to a trade or business in Connecticut?	J Yes	□ No

12.	Bus	ine	SS	Use	Tax
- 1	f vou	are	rec	iistera	≥d fc

12. Busines	ss Use Tax								
If you are	registered for or are registering for sales and use taxes, you do not	need to complete thi	s sectio	n.					
	Business use tax is due when a business purchases taxable goods or services including the purchase or lease of assets, consumable goods, and promotional items, for use in Connecticut without paying Connecticut sales tax.								
paying Co	Will you be purchasing or renting taxable goods or services for use in Connecticut without paying Connecticut sales tax?								
If you answ	wered Yes to the business use tax question, enter the tax liability	start date	<u></u>	/	- - 				
	wered No , you must complete the following Business Use Tax De			-	- , , , ,				
of Revenu	Business Use Tax Declaration: By registering for any of the taxes listed in this application, you have indicated to the Department of Revenue Services (DRS) that you may have a business use tax liability. Therefore, based on your application, you will be automatically registered for the business use tax unless you complete the following declaration.								
have read	I, (name of taxpayer or authorized representative of taxpayer), acknowledge I have read and understand the information concerning the business use tax and declare I will not be liable for business use tax. Initial here								
13. Registr	ation Fee Schedule								
Enter the registration fee amount indicated. If you are liable for either sales and use taxes or room occupancy tax, or both, as indicated in Sections 8 or 9, you must pay a \$100 registration fee. Enter the appropriate registration fee(s) from Addendum A if you are registering for cigarette tax and/or tobacco products taxes. You must include the total registration fee due with Form REG-1 or your registration application will not be processed and will be returned.									
	check payable to: Commissioner of Revenue Services. If you regis	ster by mail, send Fo	rm REG	6-1 w	ith your payment to:				
Departme	nt of Revenue Services, PO Box 2937, Hartford CT 06104-2937				Registration Fee				
a. If req	a. If registering for sales and use taxes or room occupancy tax, enter \$100.*								
b. If reg	b. If registering for cigarette tax and/or tobacco products taxes , see <i>REG-1 Addendum A</i> .								
	I registration fee due: Add Line a and Line b			c.					
* No fee is	required for room occupancy tax if you are registered or are registering for	sales and use taxes.							
	nts must sign the following declaration.								
The application must be signed by the individual owner, partner, corporate officer, LLC member, or other person who has an executed Power of Attorney with the authority to sign. Visit www.ct.gov/DRS to download LGL-001 , <i>Power of Attorney</i> . Complete and submit the power of attorney form with this application, if applicable.									
I declare under penalty of law that I have examined this application and, to the best of my knowledge and belief, it is true, complete and correct. I understand the penalty for willfully delivering a false application to DRS is a fine of not more than \$5,000, or imprisonmen for not more than five years, or both.									
Sign here and keep	Signature of owner, partner, LLC member, or corporate officer	Date Telephone nur		number					
a copy for your records.	Print name of owner, partner, LLC member, or corporate officer	Title	1		,				

Form REG-1 (Rev. 06/18) Page 4 of 4