

## Form TA-1 Application for Original Registration

Rev. 12/02
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Massachusetts

Department of Revenue

Ch	eck As Many As Apply
E	<ul> <li>A 1. Employer under the Income Tax Withholding Law (payroll tax)</li> <li>2. Withholding for Pension Plans, Annuities and Retirement Distributions</li> <li>3. Sales/Use Tax on Goods Vendor</li> <li>2. Sales/Use Tax on Telecommunications Services Vendor</li> <li>3. Meals Tax on Food and All Beverages</li> <li>4. Purchasing in MA for Out-of-State Resale Only</li> <li>C. Room Occupancy Excise</li> <li>c. If you are selling cigarettes at retail, see instructions.</li> </ul>
2.	Federal Identification number       3. Social Security number       4. No. of locations
Pri	ncipal Place of Business
5.	Owner, partnership or legal corporate name
	Name (cont'd.)
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6.	Number and street
7.	City or town     8. State     9. Zip
10.	(Area code) Telephone number
Ge	<b>neral Information.</b> If a corporation, trust, association, fiduciary, or partnership — you must complete Schedule TA-3.
11.	Indicate type of organization:
12.	Indicate type of business:         Retail trade       Wholesale trade       Manufacturing       Construction       Governmental       Finance       Real estate       Service         Other (specify):       13.       Describe nature of business:
14.	Business activity code 15. Check applicable box: Profit Non-profit
16.	If subsidiary corporation Federal Identification number
17.	If sole proprietor Name of owner Social Security number
	(sole owner)
18.	Reason for applying:       Started new business       Purchased existing business — enter name, address, and Federal Identification number Identification number of previous owner       Federal Identification number
	Organizational change — Federal Identification number and close date of previous organization must be entered, or application will be returned. Other (attach explanation)
Ba	ckground Information Close date:
19.	Are any Massachusetts tax returns due or any Massachusetts taxes owed by your firm? See See See See See See See See See Se

20. Have you ever been issued a Certificate of Registration that was later revoked? 🗌 Yes 🗌 No. If yes, please explain:

## **Exempt Organizations**

21. If you are applying for exempt purchaser status, be sure to include a copy of your IRS letter of exemption under Section 501(c)(3) of the Internal Revenue Code. Subordinate organizations covered under an IRS group exemption letter should include a copy of the group exemption ruling and a copy of the organization's directory page listing the organization as an approved subordinate. Both of the questions below must be answered.
A. Are you exempt from paying U.S. income taxes? Yes No. B. Are you exempt from paying local property taxes? Yes No.

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27.	(Area code) Teleph	one n	umbe	) F				28.	Send	certif	ficate	to:	Principal place of busir	ness 🗆 Loo	ation of busi	ness.	
			_										Principal place of busir				er.
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Con	vention Center	r Fin	anci	ing	Dist	trict											
<b>BO.</b>	Check here if you	r bus <sup>i</sup>	iness	s loca	ation	is w	ithin a	a Conv	ention	Cen	ter F	inano	cing District: 🗌 (see page	es 24–26 o	f instructions	).	
81.	Check here if you	r bus <sup>i</sup>	iness	s loca	ation	is w	ithin a	a hotel	mote	or o	ther I	odgi	ng establishment in Bost	on or Camb	ridge: 🗌		
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32.	Is this location se If "yes," check m			•									<ol> <li>Indicate 12-month paid for each appl</li> </ol>				
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Mail to: Massachusetts Department of Revenue, Data Integration Bureau, PO Box 7022, Boston, MA 02204.

I hereby certify that the statements made herein have been examined by me and are, to the best of my knowledge and belief, true and correct. Signed under the pains and penalties of perjury. The signing of this application is evidence that you may be individually and personally responsible for any sums required to be paid to the Commonwealth, under MGL, Chapters 62B, Sec. 5; 64G, Sec. 7B; 64H, Sec. 16 and 64I, Sec. 17.

Title

Date

Your signature
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