



State of Rhode Island
Division of Taxation\Employer Tax

One Capitol Hill, Providence RI 02908
<https://tax.ri.gov> - Taxation
<https://uitax.ri.gov> - Employer Tax

BUSINESS APPLICATION and REGISTRATION

For Office Use Only
Permit # _____
Liability Date: _____

Section A: Name, Mailing Address and Tax Identification Number

Type of Entity: Corporation General Partnership Sole Proprietor LP/LLP
 LLC - Corporation LLC - Partnership LLC - Single Member
 Is the Entity a: IRS Code 501 (c)(3) Non-profit Organization Religious Organization

Name (Employer, Business, Corporation, or Owner):	RI Employer Reg. # (if assigned):	Business Telephone:	
Business Name if different from above:	FEIN or if Sole Prop. SSN # (required):	Sales Tax Permit #:(if assigned)	
Mailing Address - include street, apt./office #, city/town, state and zip (this should NOT be a 3rd party address):			State + Date of Incorporation:
Actual Rhode Island work location (include street, apt/office #, city/town and zip) CANNOT accept a PO Box #. If more than 1 location, please complete Section F-2 of this form <input type="checkbox"/> <i>Check if this is an employee's home address</i>			Is any other license or permit required:
Address:	City/Town:	State: RI	Zip:
If you do not have a RI location, enter out-of-state business location address:	City/Town:	State:	Zip:
Employer Email:	Name and Sales Permit # of former owner, if applicable.		

Section B: Contact Information for Person(s) in Charge of Record Keeping

Person in charge of **Sales Tax Records:**

Name: _____ Email: _____ Phone: _____

Person in charge of **Payroll Records:**

Name: _____ Email: _____ Phone: _____

Person in charge of **Unemployment Records:**

Name: _____ Email: _____ Phone: _____

Section C: Name, Social Security Number, Home Address, and Title of Owner, each Partner, or each Corporate Officer

Name: _____ Title: _____

Address: _____

SSN: _____ Phone: _____ Email: _____

Name: _____ Title: _____

Address: _____

SSN: _____ Phone: _____ Email: _____

Name: _____ Title: _____

Address: _____

SSN: _____ Phone: _____ Email: _____

Section D: Account Information

Sales permit is renewable at fiscal year ending June 30th

If yes, in addition to Sections A,B,C and D, complete sections listed below:

- Do you have employees **working** in RI? Yes No E F G and Taxpayer Status Affidavit
- If yes, are they hired to work **ONLY** in RI? Yes No E F G and Taxpayer Status Affidavit
- Do you have RI Withholding? Yes No E F G and Taxpayer Status Affidavit
- Do you lease employees in RI? Yes No E F G and Taxpayer Status Affidavit
- Are you an Employee Leasing Organization? Yes No E F G and Taxpayer Status Affidavit
- Do you make sales at retail? Yes No F G and Taxpayer Status Affidavit
- Do you have multiple locations? Yes No F G and Taxpayer Status Affidavit
- If yes, would you like to consolidate returns? Yes No

If yes, enter the number of locations below next to the item(s) you will be selling and complete Section F-2. Each location requires a separate permit.

Will you be selling:

of Locations Provide any required, additional info listed below

- Beverages or Food Yes No _____
- Gasoline Yes No _____ Filing station license # _____ (Required)
- Liquor Yes No _____
- Motor Vehicles Yes No _____ If yes, MV Dealer license # _____ (Required)
- Motor Vehicles leasing Yes No _____ If yes, MV Dealer license # _____ (Required)
- Prepaid wireless phone cards Yes No _____
- Rental of room(s)/home(s) Yes No _____ Type of Rental: Residential Dwelling Room Rental
- Other Yes No _____ Product: _____
- Cigarettes/Tobacco/Other Tobacco* Yes No _____

* A \$25.00 fee is due for each location, as well as each cigarette vending machine. Each location and cigarette vending machine requires a separate license and fee.

of locations selling cigarettes + # of cigarette vending machines x \$25 = Total Cigarette Fee Due and Enclosed
 _____ + _____ x \$25 = \$ _____

of Locations

- Are you an Artist, Writer or Composer? Yes No _____
- Are you a Class A Package and Liquor Store? Yes No _____
- Are you an Eating or Drinking Establishment? Yes No _____
- Are you a Convenience Store, Mini-Market or Supermarket that provides chairs, tables, or counter(s) in an area of your store where prepared food and/or beverages may be consumed? Yes No _____

Date business will commence in this state? _____ If Seasonal operation, enter months open: _____

Is this application for a temporary event? Yes No If yes, date(s) of temporary event? _____

Section E: Payroll Information

Your Unemployment Account will be set up within 90 days of your liability date, or actual first date of wages paid.

Amount of RI withholding taxes you expect to withhold from employees each month: _____ Payment Frequency will be _____ Number of employees working in RI: _____
 Actual first date of wages paid in RI: _____

\$600 or more Weekly
 \$50 or more but less than \$600 Monthly
 Less than \$50 Quarterly

Note: Form RI-941, used to report RI withholding, is filed quarterly regardless of the amount of RI withholding per month or payment frequency.

If any part of the business or its assets were acquired, please enter the date of acquisition, name, address and, if known, the RI Employment Registration number of the former owner.

Date of Acquisition:	RI Employer Registration #:	FEIN #:
Name of former owner:		
Acquired Business Name:		
Address, City/Town, State and Zip:		
Number of Employees acquired from that business, if any:		

If you are a sole owner or partnership that is incorporating, state the name and address of the former business:

Date of Ownership Change:	RI Employer Registration #:	FEIN #:
Business Name:		Business Address:

Section F: Industry Description

F-1: Completion of this section is mandatory under Section 28-42-38.1(b) of the RI Employment Security Law, Chapters 42-44. Detailed information about your business is essential so that we may accurately assign the correct North America Industrial Classification Code (NAICS code) to your company. In the space provided, describe your key business activities, products, or services, at this location (provide percentage breakout if necessary). If your business is based out of state but has an employee(s) working from home in Rhode Island, please describe the nature of the work that the employee(s) performs in RI. **Failure to comply with an accurate description may result in the delayed allocation of an UI account number.** For inquiries on the business description only, call (401) 462-8760.

Business description (Required): *Example 1.) We are an auto body shop and we also sell used cars. We expect 70% of our revenue to come from auto body and 30% from car sales. 2.) A national bank located in Chicago employing call center help working from home.*

F-2: Establishment Locations:

If you operate your business at more than one location in Rhode Island, please list the street address, city and zip code for each RI location and the approximate employment for each location. If the business activities of any establishment differ from the above, please tell us the main business activity of the differing location. In addition, please check the box of each tax type in the columns below that applies to each location.

RI Location Address Street Address, City/Town, Zip Code	# of Employees	Activity	Beverages or Food	Cigarette/ Tobacco/ Other Tobacco	Prepaid Wireless Phone Cards	Rental of Room(s)/ Home(s)	Sales Tax
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F-3 NAICS Code Required: Click the link below to assign the NAICS code that best fits your business activity in Rhode Island. Enter key words or phrases from the business description above within the '2022 NAICS Search' box.

<https://www.census.gov/naics/> NAICS Code: _____ (6 digits required)

For inquiries on the NAICS code, call the Division of Taxation's Registration Section at (401) 574-8938.

Section G: Certification and Signature (must be signed)

The undersigned certifies that the information given on this form is true and correct to the best of their knowledge and belief.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Telephone: _____ Email: _____


BUSINESS APPLICATION and REGISTRATION

State of Rhode Island
 Division of Taxation
 One Capitol Hill
 Providence, RI 02908

Taxpayer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (herein after called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (R.I. Gen. Laws § 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number, or Federal Tax Identification Number as appropriate. These numbers will be checked by the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

Licensee Declaration

I hereby declare, under penalty of perjury;

- I have filed all required state tax returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- I am currently pursuing administrative review of taxes owed to the state.
- I am in federal bankruptcy. (Case # _____)
- I am in state receivership. (Case # _____)
- I have been discharged from Bankruptcy. (Case # _____)

Type of Permit(s)/License(s) for which you are applying

Name: _____ Social Security Number: _____

Signature: _____ Phone: _____

Date: _____

This completed Status Affidavit must be submitted with a Business Application Registration (Form BAR) or any other License/Permit application filed with the Division of Taxation.