

**FORM
48**

**REGIONAL INCOME TAX AGENCY
Business Registration Form**

GENERAL INFORMATION

City of:

Federal ID No: Soc. Sec. No. (only if a sole proprietor):

Please fill-in your filing status: Sole Proprietor Partnership Non-Profit Corporation

Local Name and Address as Used for Business Purposes:

Business Name:

Address #: Suite:

Street Name:

City:

State: Zip: - Phone: - -

If Corporate Subsidiary, Give Name and Address of Parent Company Main Office:

Business Name:

Address #: Suite:

Street Name:

City:

State: Zip: - Phone: - -

If Sole Proprietorship, Give Owner's Name and Home Address:

Name:

Address #: Suite:

Street Name:

City:

State: Zip: - Phone: - -

What date did you begin operations in RITA municipality (mm/dd/yy)?

Please List the Federal Business Activity Code or Fill-in the Oval that Best Describes the Activity:

Federal Business Activity Code:



Business Activity:

RITA

Transportation Non-Manufacturing Manufacturing Wholesale Retail

Finance Services Public Administration Non-Classification

EMPLOYEE INFORMATION

Do you have any employees? (Fill only one) Yes No Are sub-contractors utilized? (Fill only one) Yes No

If you have employees proceed with employee information. If you do not have employees, proceed to the profit/loss section.

Approx. No. of Employees: Approx. Monthly Gross Payroll: \$, , .

Please contact our business regarding a voluntary residence withholding program. Yes No

Send Withholding Tax Form to:

Business Name:

Care of:

Address #: Suite:

Street Name:

City:

State: Zip: - Phone: - -

If You Are a Non-Profit Organization, Stop Here and Sign at Bottom.

PROFIT/LOSS INFORMATION

Ending Day of Fiscal Year if Other than Calendar Year (mm/dd/yy):

Send the Net Profit Tax Return to:

Business Name:

Care of:

Address #: Suite:

Street Name:

City:

State: Zip: - Phone: - -



FORM 48 B

The Information Hereby Submitted is True and Correct.

Signature: _____ Print Name: _____

Date: _____ Title: _____ Phone: - -