



C. Do you use/have access to: (a) Automated systems \_\_\_\_ Yes (b) Computers \_\_\_\_ Yes (c) Internet \_\_\_\_ Yes?

D. Do you lease tangible personal property in one location for use in another? \_\_\_\_ Yes \_\_\_\_ No

E. Do you lease space in a business location to another company? \_\_\_\_ Yes \_\_\_\_ No

F. Do you sell at retail? \_\_\_\_ Yes \_\_\_\_ No Wholesale? \_\_\_\_ Yes \_\_\_\_ No Both? \_\_\_\_ Yes \_\_\_\_ No

G. If you are a contractor, do you perform contracts in the city or county where your business is located? \_\_\_\_ Yes \_\_\_\_ No

H. If you are a contractor, do you perform contracts in a city or county where your business is not located? \_\_\_\_ Yes \_\_\_\_ No

I. If you are a contractor, do you install everything you sell? \_\_\_\_ Yes \_\_\_\_ No

**17. EDI/EFT** DO YOU CURRENTLY FILE YOUR RETURN BY EDI?  YES  NO DO YOU CURRENTLY REMIT PAYMENT BY EFT?  YES  NO

WOULD YOU LIKE TO RECEIVE INFORMATION ABOUT THE FOLLOWING:  EDI  EFT

**18. IDENTIFY OWNERS, OFFICERS, MEMBERS, OR PARTNERS (ATTACH ADDITIONAL NAMES ON SEPARATE SHEET).**

(1) NAME	HOME TELEPHONE #	<input type="checkbox"/> SOCIAL SECURITY #	<input type="checkbox"/> FEDERALEIN
HOME ADDRESS (DO NOT USE P.O. BOX #)	CITY	STATE	ZIP CODE

Member  Officer  Partner  Owner - Individual  Owner - Company

(2) NAME	HOME TELEPHONE #	<input type="checkbox"/> SOCIAL SECURITY #	<input type="checkbox"/> FEDERALEIN
HOME ADDRESS (DO NOT USE P.O. BOX #)	CITY	STATE	ZIP CODE

Member  Officer  Partner  Owner - Individual  Owner - Company

(3) NAME	HOME TELEPHONE #	<input type="checkbox"/> SOCIAL SECURITY #	<input type="checkbox"/> FEDERALEIN
HOME ADDRESS (DO NOT USE P.O. BOX #)	CITY	STATE	ZIP CODE

Member  Officer  Partner  Owner - Individual  Owner - Company

PREVIOUS BUSINESS NAME	PREVIOUS OWNER'S TELEPHONE # ( )	STILL IN BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO
PREVIOUS OWNER'S NAME AND ADDRESS		

**19. IF YOU ARE AN OUT-OF-STATE BUSINESS THAT WILL BE DOING BUSINESS IN TENNESSEE, PLEASE ANSWER THE FOLLOWING QUESTION.**

DO YOU HAVE A LOCATION OR OFFICE IN TENNESSEE?  YES  NO IF YES, NAME LOCATION:

**20. THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (THIS APPLICATION MUST BE SIGNED BY THE INDIVIDUAL OWNER, A PARTNER, OR AN OFFICER OF THE CORPORATION LISTED IN ITEM 17.)**

**FOR DEPARTMENT USE ONLY**

**SIGN HERE:** \_\_\_\_\_  
*OWNER, PARTNER, OR OFFICER (DO NOT PRINT OR USE STAMP)*

For additional information, contact the Taxpayer and Vehicle Services Division in one of our Department of Revenue Offices:					
<b>Chattanooga</b> (423) 634-6266 Suite 350 State Office Building 540 McCallie Avenue Chattanooga, TN 37402	<b>Jackson</b> (731) 423-5747 Suite 340 Lowell Thomas Building 225 Martin Luther King Blvd. Jackson, TN 38301	<b>Johnson City</b> (423) 854-5321 204 High Point Drive PO Box 2365 Johnson City, TN 37605-2365	<b>Knoxville</b> (865) 594-6100 Room 606 State Office Building 531 Henley Street Knoxville, TN 37901	<b>Memphis</b> (901) 213-1400 3150 Appling Road Bartlett, TN 38133	<b>Nashville</b> (615) 253-0600 3rd Floor Andrew Jackson Building 500 Deaderick Street Nashville, TN 37242
Tennessee residents can also call our statewide toll free number at 1-800-342-1003. Out-of-state callers must dial (615) 253-0600.					