

#### MINNESOTA - REVENUE

# Form ABR

### **Application for Business Registration**

All applicants must complete pages 1 and 2 and any pages used to register for a specific tax type.

1	Federal tax ID number (see instructions, page 3)	2 Current or prior Minnesota tax ID number(s), if any	
		Should this number be cance \( \subseteq \text{No} \subseteq \text{Yes, cancel effect} \)	
<b>3</b> [	Reason for applying:  new business  change of legal organization  purchased existing business (see "Successor Liability prior MN ID #:	ne:	(month, day and year)
4 (	Full legal name of the business (sole proprietors: fill in l	ast name, first, middle initial)	
5 (	Business trade name (doing business as), if you have or		usiness located on a Minnesoteservation? No Yes
6	Complete address of business location (Do not use P.O.	. box)	pecify which one:
	City or town State	Zip cod	
7	Mailing address (if different from above)	City or town	State Zip code
8	Daytime phone number Othe	r phone number	Fax number
9 (	(	website address	( )
	List all owners (business or individual), partners, or offic		od)
	Name (last name, first, middle initial)	Social Security	
	Home address (street, city, state, zip code)	Business phor	Home phone number
•	Name (last name, first, middle initial)	Social Security	number Date of birth
	Home address (street, city, state, zip code)	Business phor	ne number Home phone number
	Name (last name, first, middle initial)	Social Security	number Date of birth
	Home address (street, city, state, zip code)	Business phor	ne number Home phone number
<b>11</b>	Type of legal organization:	☐ Limited liability company —	☐ Financial institution
] [ ]	□ Sole proprietor     □ S corporation     □ Cooperative     □ Estate or trust (fiduciary)     □ C corporation     □ Other, please specify:	one member only (see instructions, page 4), or two or more members	<ul><li>☐ Nonprofit organization</li><li>☐ Nonprofit corporation</li></ul>
	☐ S corporation ☐ Cooperative ☐ Estate or trust (fiduciary) ☐ C corporation ☐ Other, please specify: ☐  Types of taxes you expect or are required to pay and/or Business taxes—Check all that apply and complete the	one member only (see instructions, page 4), or two or more members collect: corresponding section on the page in	☐ Nonprofit corporation
	☐ S corporation ☐ Cooperative ☐ Estate or trust (fiduciary) ☐ C corporation ☐ Other, please specify: ☐ Types of taxes you expect or are required to pay and/or ☐ Business taxes—Check all that apply and complete the complete sales and use tax (see page 3) ☐ □	one member only (see instructions, page 4), or two or more members collect:	☐ Nonprofit corporation
1	☐ S corporation ☐ Cooperative ☐ Estate or trust (fiduciary) ☐ C corporation ☐ Other, please specify: ☐ Types of taxes you expect or are required to pay and/or ☐ Business taxes—Check all that apply and complete the complete sales and use tax (see page 3) ☐ □	one member only (see instructions, page 4), or two or more members  collect: corresponding section on the page in withholding tax (see page 4) special taxes (see page 4) inplete the registration section on page	☐ Nonprofit corporation  dicated:

		Siness Activities  If you know your NAICS code, enter it here:
Activities		If you do not know your NAICS code, describe your business activities, including the type of industry - retail or wholesale trade, manufacturing, transportation, services, etc. Also describe your main business activity and other activities you will be doing.
Business /		
applicants-	14	Check the boxes below to indicate the types of goods and services you will be providing, if any (see <i>instructions</i> , page 4):  Car rentals  Mobile homes  Waste collection services
¥		☐ Interstate trucking ☐ On-sale/off-sale liquor ☐ None apply to my business
	15	Accounting period used by business: Calendar year (sole proprietors are automatically signed up for calendar year)  Fiscal year. Fill in end date (month and date):

## How to register:

■ online at www.taxes.state.mn.us.

(also use this website for easy access to all tax forms and information.)

- **by phone** at **651-282-5225** or toll free at **1-800-657-3605**. TTY users: call 711 for Minnesota Relay.
- complete your ABR form and send by mail to:

Minnesota Department of Revenue Mail Station 4410 St. Paul, MN 55146-4410

■ fax your completed pages to 651-556-5155 (do not fax blank pages).

If you register online, by phone or by fax, do not mail in your application.

#### PLEASE NOTE: You must notify our office if:

- information changes at any time after you file this application,
- you go out of business,
- you quit making taxable sales, leases or services, or
- you no longer have employees.

#### **Withholding Tax**

If you pay wages to employees for work performed in Minnesota and you are required to withhold federal income tax from the employees' wages, you must register to file Minnesota withholding tax.

All withholding tax returns must be filed electronically, either over the Internet or by telephone.

	1 Indicate the year:	ear and quarter you exp		wages to be paid: st (January—March) nd (April—June)	☐ 3rd (July—September) ☐ 4th (October—December)	er)	
Withholding tax			mploy Minnesota residenesota?		No	Yes	
holdir	3 Mailing address	for withholding tax inforn	nation	City	State	Zip code	
With	Contact person	within organization for wit	thholding tax	Title	Daytime phone	<b>)</b>	
	E-mail address				FAX number ( )		
	Check box	if you would like to sub	oscribe to receive autom	atic e-mail updates	, ,		
Sp	ecial Taxe	es					
		ess or types of goods anstructions for details.	and services you provide	, you may be required	to register to file and pay sp	pecial taxes or	
			ed to pay (check all that		_		
	auto theft	_	ire safety surcharge	☐ lawful gamblir	•		
	☐ cigarette t☐ distilled s		iremen's relief surcharge nazardous waste tax	e			
			IMO tax	pulltab and tip		u user	
			nsurance premium tax	distributors	other, pleas	e describe:	
2 Effective date of the special tax:    March   March							
	3 Mailing address	for tax returns and inforr	nation	City	State	Zip code	
	Contact person	within organization		Title	Daytime phone	)	
					( )		
	E-mail address				FAX number		