****

**OS01**

Domestic Tax

Department

**Rev. July 2014**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Registration Form**  **Owners and shareholders**  (For use by Partnerships and corporations)  Fields with \* are mandatory, dates in mm/dd/yyyy. Keep a copy for your records | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Instructions:   1. Use this **OS01** form for new registration, re-registration, modification or closure of partnerships or corporations. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. REASON** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1a. Reason for submitting form (select 1 only)\*: | | | | | | | | | | | | | | | | | | | | | | 1b. TIN (for modify or closure only): | | | | | | | | | | | | | | | | | | | | | | | |
| □ | New (or re-registration) | | | | | | | | | | □ | | | | Modify | | | | □ | Closure | |  | | | | | | | |  | | |  | |  |  | | |  |  | |  | |  |  |
| **2. ORGANIZATION INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2a. Registered Name\* | | | | | | | | | | | | | | | | | 2b. Main Trade Name\* | | | | | | | | | | 2c. Business Reg. # | | | | | | | | | | | 2d. Registration Date | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |
| 1e. Address | | | | | | | | | | | | | 1f. Email | | | | | | | | | | 1g. Business Telephone | | | | | | | | | 1h. Mobile Telephone | | | | | | | | | | | | | |
| **3. OWNERS INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3a.TIN | | | | | | | | | | | | | | 3b. Full Name (first, middle & last name) | | | | | | | | | | | | 3c. Start date  mm/dd/yyyy | | | | | 3d. End date  mm/dd/yyyy | | | | | | | 3e. # of shares | | | | | 3f. % of shares | | |
| 1. | |  |  |  |  |  |  |  |  | | |  | |  | | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | |  | | |
| 2. | |  |  |  |  |  |  |  |  | | |  | |  | | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | |  | | |
| 3. | |  |  |  |  |  |  |  |  | | |  | |  | | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | |  | | |
| 4. | |  |  |  |  |  |  |  |  | | |  | |  | | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | |  | | |
| 5. | |  |  |  |  |  |  |  |  | | |  | |  | | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | |  | | |
| 6. | |  |  |  |  |  |  |  |  | | |  | |  | | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | |  | | |
| 7. | |  |  |  |  |  |  |  |  | | |  | |  | | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | |  | | |
| 8. | |  |  |  |  |  |  |  |  | | |  | |  | | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | |  | | |
| 9. | |  |  |  |  |  |  |  |  | | |  | |  | | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | |  | | |
| 10. | |  |  |  |  |  |  |  |  | | |  | |  | | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | |  | | |
| **4. CERTIFICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that the information given above and in the attached appendices is true, accurate and complete to the best of my knowledge. I also understand that any false declaration may lead to prosecution. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4a. Full name\* | | | | | | | | | | | | | | | | 4b. Position\* | | | | | | | | 4c. Signature\* | | | | | 4d. Date\* | | | | | | | | 4e. Telephone #\* | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | m/d/yyyy | | | | | | | |  | | | | | | | | |
| **FOR OFFICAL USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Received by | | | | | Date | | | | | Signature | | | | | | | | Captured by | | | Date | | | | Signature | | | Validated by | | | | | | Date | | | | | | | Signature | | | | |
|  | | | | |  | | | | |  | | | | | | | |  | | |  | | | |  | | |  | | | | | |  | | | | | | |  | | | | |