



RF01

Domestic Tax  
Department  
Rev. June 2017

## ORGANIZATION REGISTRATION FORM

(FOR USE BY ORGANIZATIONS  
EXCEPT SOLE PROPRIETORSHIPS)

Fields with\* are mandatory, dates in mm/dd/yyyy. Please keep a copy for your records

**Instructions:**

1. Use this form (RF01) for new registration, re-registration, modification or closure of any organization that is not a sole-proprietorship.
2. If the organization has more than one branch also complete additional appendix form BR01 for each branch.
3. If the organization has owners or shareholders also complete OS01 form.
4. If the organization has a representative or owners without a TIN, also complete form IN01 for each owner.
5. Required documentation for new or re-registrations: Completed business registration application or copy of the business registration certificate from the LBR and articles of incorporation.

1. REASON

<b>1a. Reason for submitting form*</b> <input type="checkbox"/> <b>New (or Re-registration)</b> <input type="checkbox"/> <b>Modify</b> <input type="checkbox"/> <b>Closure</b>	<b>1b. TIN (for modify or closure only)</b> <b>5</b>
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2. ORGANIZATION

**2a. Old Company TIN (if you had more than one TIN, list all TINs under which your business operates)**

<b>1.</b>	<b>2.</b>	<b>3.</b>
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2b. Organization Type* (Select 1 only)	<input type="checkbox"/> <b>Limited Liability Company</b> <input type="checkbox"/> <b>Partnership</b> <input type="checkbox"/> <b>Not for profit Corporation</b> <input type="checkbox"/> <b>Business Corporation</b> <input type="checkbox"/> <b>Limited Partnership</b> <input type="checkbox"/> <b>Church/Religious Organization</b> <input type="checkbox"/> <b>Foreign Corporation</b> <input type="checkbox"/> <b>Foundation</b> <input type="checkbox"/> <b>Government Owned Enterprise</b> <input type="checkbox"/> <b>Foreign Maritime Entity</b> <input type="checkbox"/> <b>Trust</b> <input type="checkbox"/> <b>National Maritime Entity</b>
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**2c. Registered Name\***

<b>2d. Main Trade Name*</b>	<b>2e. Country of Incorporation*</b>
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<b>2f. Registration Date</b> mm/dd/yyyy	<b>2g. Business Reg. #</b>	<b>2h. Employer NASSCORP#</b>	<b>2i. Tax Start Date*</b> mm/dd/yyyy	<b>2j. Tax Close Date</b> mm/dd/yyyy
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3. MAIN ADDRESS

<b>3a. Street and House #* (If Applicable)</b>	<b>3b. Landmark (Clear Description of Location)*</b>	
<b>3c. City/Village/Town*</b>	<b>3d. District*</b>	
<b>3e. County*</b>	<b>3f. Country*</b>	
<b>3g. PO Box</b>	<b>3h. Type of Building Where Business is Located (select 1 only)*:</b> <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial	<b>3i. Paying Rent?*</b> Yes      No

4. MAILING ADDRESS ( IF DIFFERENT THAN MAIN ADDRESS)

<b>4a. Street and House # (If Applicable)</b>	<b>4b. Landmark (Clear Description of Location)</b>
<b>4c. City/Village/Town</b>	<b>4d. District*</b>
<b>4e. County</b>	<b>4f. Country*</b>

5. ACTIVITY INFORMATION

<b>5a. Is your Fiscal Year the same as the Calendar Year?*</b> Yes      No	<b>5b. If not, when does your Fiscal Year start?*</b>
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<b>Code (OFFICAL USE)</b>	<b>5c. Business Activity Description*</b>	<b>5d. Main Activity* (1 only)</b>
	1.	Yes
	2.	Yes
	3.	Yes
	4.	Yes

<b>5e. Indicate if you are the following?* (select all apply)</b> <input type="checkbox"/> <b>Importer</b> <input type="checkbox"/> <b>Exporter</b> <input type="checkbox"/> <b>Landlord</b>	<b>5f. Own a Real Estate Property?*</b> Yes      No	<b>5g. # of Employees</b>
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**5h. List all eventual or existing related companies (Write on extra paper if needed).**

