



SOLE PROPRIETORSHIP APPENDIX (FOR USE BY SOLE-PROPRIETORSHIPS ONLY)

Fields with * are mandatory, dates in mm/dd/yyyy
Please staple this appendix to the IN01 form and keep a copy for your records

SP01
Domestic Tax
Department
Rev. Jan 2018

1. OWNER & COMPANY				
1a. Main Company* Yes No				
1b. Old Company TIN (if you had more than one TIN, list all TINs under which your business operates)				
1.	2.	3.		
1c. Registered Name*			1d. Main Trade Name*	
1e. Registration Date	1f. Business Reg. #	1g. Employer NASSCORP #	1h. Tax Start Date*	1i. Tax Close Date
2. COMPANY CONTACT (IF OTHER THAN OWNER)				
2a. Contact Full Name		2b. Mobile/Phone #	2c. E-mail	
3. MAIN ADDRESS				
3a. Street and House #* (If applicable)		3b. (Clear description of location)*		
3c. City/Village/Town*		3d. District*		
3e. County*		3f. Country*		
3g. PO Box	3h. Type of building where business is located*: Residential Industrial Commercial		3i. Do you pay rent?* Yes No	
		3j. # of Employees		
4. BUSINESS ACTIVITY & LICENSE				
Code (OFFICAL USE)		4a. Business Activity Description*		4b. Main Activity* (1 only)
		1.		Yes
		2.		Yes
		3.		Yes
4c. Business License #		4d. Business License Type		4e. Start Date
1.		2.		3.
5. BANK ACCOUNT INFORMATION (Optional)				
5a. Account Number		5b. Account Holder		5c. Bank Name
				5d. Branch Address
6. 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.				
6a. CFO Full Name*			6b. Signature*	
			6c. Date* 6d. Telephone #*	
6e. CEO Full Name*			6f. Signature*	
			6g. Date* 6h. Telephone #*	
FOR OFFICAL USE ONLY				
	Name	Date	Signature	
Received By				
Captured By				
Validated By				