## Form R-1

# Virginia Department of Taxation Business Registration Form

Go to <u>www.tax.virginia.gov/iReg</u> to register or update your business information online.

Reaso	on for Submitting this Form:			
	New Business Registration: You Add an Additional Tax Type to a existing business account. Add a New Business Location to business and Sales Tax Account. Reopen a Previously Closed Busy your Employer Withholding Tax Account	n Existing Account: You are ad o an Existing Account: You are siness and/or Tax Account: Yo ecount and are now going to have	ding a tax type, Employer With opening a new physical location u closed your business and are	holding, Sales Tax, etc. to an on for an already registered
Sectio	on I - Business Profile Inform	ation		
1.	Business Name. Enter full legal	name of business. Sole Propriet	ors - enter owner's name (first,	middle initial, last).
2.	Federal Employer Identification	<b>n Number (FEIN).</b> This number i	s required to register. To obtain	a FEIN, contact the IRS.
2a.	If Sole Proprietor, enter Social	Security Number (SSN) of Own	ner.	
3.	Entity Type. Check One. See in	structions.		
	SOLE PROPRIETOR (or single member limited	PASS-THROUGH ENTITY	OTHER ENTITY	GOVERNMENT ENTITY
	liability company taxed as an individual)	<ul> <li>S Corporation</li> <li>General Partnership</li> </ul>	<ul> <li>Nonprofit Organization</li> <li>Cooperative</li> </ul>	<ul> <li>Federal Government</li> <li>Virginia State</li> </ul>
		Limited Partnership	Credit Union	Government
	CORPORATION	Limited Liability	□ Bank	□ Local Government
	□ C Corporation	Partnership	Savings and Loan	Other State Covernment (not)
	<ul> <li>Nonprofit Corporation</li> <li>Limited Liability Company electing to file as a corporation</li> </ul>	Limited Liability Company electing to file as a pass- through entity	Public Service Corporation	Government (not Virginia) ☐ Other Government
4.	Trading As Name (or Doing Bu	siness As Name). This is the na	me known by the public.	·
5.	Primary Business Activity.			
	$\Box$ Check if you will be selling any	y tobacco products.		
	Check if you intend to operate products or dietary supplement instructions.	e a retail food establishment, food nts. <i>Exception:</i> If you intend to c		
6.	Primary Business Address. En Street Address	nter the physical address of your	business. City, State, ZIP Code	
7.	Primary Mailing Address. Enter Street Address or P.O. Box	r a mailing address if different fro	om your Primary Business Addı City, State, ZIP Code	ress.
8.	<b>Primary Contact Information.</b> this business. The named contac instructions.			
	Name	Title		Contact Phone Number
				( )

#### Section II - Responsible Party

**Responsible Party / Corporations and Pass-Through Entities Only -** Identify corporate, partnership or limited liability officers responsible for tax obligations. Providing this information assists Virginia Tax representatives in verifying authorized contacts and resolving tax matters. See instructions.

	0		
	a) Name of Responsible Party		b) SSN
1.	c) Relationship Title	d) Relationship Date	e) Home or Personal Phone Number (Including Area Code)
	f) Residence Address	g) City, State, ZIP Code	
	a) Name of Responsible Party		b) SSN
2.	c) Relationship Title d) Relationship Date		e) Home or Personal Phone Number (Including Area Code)
	f) Residence Address	g) City, State, ZIP Code	

Se	Section III - Annual Tax											
Α.	Со	rporation Income Tax										
	1.	Date you became liable for Corporation Inco	ome Tax (MM/DD/YY).									
	2.	Date and state of incorporation	Date (MM/DD/YY)	State								
	3.	Tax Year. Must be same as your Federal Taxa	ble Year. Check one.									
		$\Box$ Calendar Year (1/1 – 12/31) or $\Box$ Fiscal	Year - Beginning month and	Ending month								
		or										
		□ 52-53 Taxable Year - Beginning month	and Ending month									
	4.	Mailing Address if different from the Mailing A										
		Street Address or P.O. Box.	City, State, ZIP Code									
	5.	Subsidiary or Affiliate. Complete the following parent is filing a combined or consolidated returned or consolidated or consolidated returned or consolidated or cons	g <b>only</b> if this business is a subsidiary or affiliated rn.	with another business and the								
		Combined return. Check if business is a subsid	liary or affiliate and parent files combined return.									
		Consolidated return. Check if business is a sub	osidiary or affiliate and parent files consolidated return									
		Parent Company's Business Name	Parent Company's FEIN									
		Constant Information If different from Driver	Contract in Continue Louton contract information for									
	6.	Contact Information. If different from Primary	Contact in Section I, enter contact information for	r person designated for this tax.								
		Name	Title	Contact Phone Number								
				( )								

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В.	Pas	ss-Through Entity								
	1.	Date you became liable for reporting Pass-	Through Entity Income (MM/DD/YY).							
	2.	Date and state of formation	Date (MM/DD/YY)	State						
	3.	Tax Year. Must be same as your Federal Taxa	ble Year. Check one.							
		$\Box$ Calendar Year (1/1 – 12/31) or $\Box$ Fiscal	Year - Beginning month and	Ending month						
	or									
	□ 52-53 Taxable year - Beginning month and Ending month									
	4.	Mailing Address if different from the Mailing A	ddress in Section I.							
		Street Address or P.O. Box	City, State, ZIP Co	ode						
	5.	Contact Information. If different from Primary	Contact in Section I, enter contact information f	for this tax.						
		Name	Title	Contact Phone Number						
				( )						

C.	Ins	urance Premiums License T	ax							
	1.	Date you became liable for	Insurance Premiums License Tax (MM/I	DD/YY).						
	2.	Bureau of Insurance, comple	te the Insurance Company Section below. I Insurance Premiums License Tax, Form F	nsure by the Virginia State Corporation Commission nsurance companies must also complete and enclose R-1A. Form R-1A is available to download or print on						
		Company Type and Compan	y Sub-Type are provided to you by the Bur	eau of Insurance.						
		License Number Company Type Company Sub-Type								
	3.	Producer Number	from the Mailing Address in Section I.	Broker or Agency, enter producer number below.						
		Street Address or P.O. Box		City, State, ZIP Code						
			rant from Drimony Contract in Soction Last							
	5.	Name	rent from Primary Contact in Section I, ento Title	er contact information for this tax. Contact Phone Number						
				( )						

Sectio	on IV - Employer Withholding Tax												
1.	Date you had employees and began paying wages	(MM/[	DD/YY	´).									
2.	<b>Filing Frequency.</b> Will be determined by Virginia Tax a Tax you expect to withhold each quarter.	and re	viewe	d perio	odicall	y. Indi	cate b	elow	the arr	iount o	f Virgii	nia Ind	come
	□ Quarterly Filer - Less Than \$300 Virginia Withholding Per Quarter □ Pension Plan Only												
	Monthly Filer - At least \$300 through \$2,999 Virginia Withholding Per Quarter												
	Semi-Weekly Filer - \$3,000 or Greater Virginia Withholding Per Quarter												
3.	<b>Seasonal Business.</b> If open only part of the year, check months business is active.	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
4.	Mailing Address if different from the Mailing Address	in Sec	tion I.								•		
	Street Address or P.O. Box				City,	State, Z	IP Code	e					
5.	5. Contact Information. If different from Primary Contact in Section I, enter contact information for this tax. Name Title Contact Phone Number												
									(	)			

Se	Section V - Retail Sales and Use Tax													
Α.	In-	State Dealers. If your business location is in Virginia, us	se this	area	to reg	ister f	or Ret	ail Sal	les an	nd Use	Tax.			
	1.	Date You Became Liable. Anticipated date of first reta	il sale	e (MM/	DD/Y	Y).								
	2.	Filing Options. Virginia retail sales businesses with m	ultiple	locati	ons, i	ndicat	e how	you v	vill su	bmit yo	our ret	urn(s).		
		$\Box$ a. File one combined return for all business locations in the	e same	e locali	ty.									
		$\Box$ b. File one consolidated return for all business locations.												
		$\Box$ c. File a separate return for each business location.												
	3.	<b>Seasonal Business.</b> If open only part of the year, check months business is active.	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC
	4.	,,,,,,, _												
	5.	<b>Business Locations.</b> Complete this section to add a new business location in Virginia whether you are registering for the first time or adding a location to your existing account. If adding multiple locations, attach a separate sheet using the same format as below.												
		a) Add This Location to This Virginia Account Number				b) Date	Locatio	n Open	ed					
		c) Trade Name of Business												
		d) Business Physical Street Address (No P.O. Boxes) City, State, and ZIP Code												
		e) Mailing Address (If different from above)				City, Sta	ate, and	ZIP Co	de					
	6.	Contact Information. If different from Primary Contact Name Title	in Se	ection	l, ente	er cont	act in	format	ion fo		ax. Itact Pho	one Num	ıber	
										(		)		

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В.		<b>Out-of-State Dealers.</b> Use this area to register for Re in Virginia as a dealer is required to register and to co delivered for storage, use or consumption in Virginia.												
	1.	Date You Became Liable. Date of first sale or use in V	/irginia	a (MM	/DD/Y	Y)								
	2	<b>Seasonal Business.</b> If open only part of the year, check months business is active.	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC
	3.	Mailing Address if different from the Mailing Address	in Sec	tion I.										
		Street Address or P.O. Box				City,	State, Z	IP Code	9					
	4.	. Contact Information. If different from Primary Contact in Section I, enter contact information for this tax. Name Title Contact Phone Number												
										(		)		

C.	Ve	nding Machine	e Sales Tax									
	1.	Existing Acc	ounts. Enter Virginia A	ccount Number.								
	2. Date You Became Liable. Anticipated date of first retail sale (MM/DD/YY).											
	3. City or County. Enter the City or County of each location you will operate vending machines.											
	Location 1         Location 2         Location 3         Location 4         Location 5         Location 6											
	4.	Mailing Addr	ess if different from the	Mailing Address in Se	ection I.	II						
		Street Address or	P.O. Box		C	City, State, ZIP Code						
	5. Contact Information. If different from Primary Contact in Section I, enter contact information for this tax.											
		Name		Title		Contac	t Phone Number					
						(	)					

D.		Other Sales and Use Tax. U	Ise this area to register for	spe	cific typ	oes of	Sales	and L	Jse Ta	xes.						
	1.	Indicate Tax Type(s) & date service, or the purchase date				This is	s the o	date o	f the	e first sale of a particular product or						
		<u>Tax Type</u>	Date You Became Liable		Tax Type         Date You Became Liable											
		Business Consumer's			<ul> <li>Aircraft Tax</li> <li>Number of Aircraft Owned Previous Year:</li> </ul>				Date							
		Use Tax	Date	-				ed								
		Watercraft Tax	Date											_		
		Digital Media Fee	Date	-	Virgini Aircra	a Con	nmerc	ial Fle	et							
		□ Tire Recycling Fee	Date		AllCla		ise n	umper							-	
		□ Motor Vehicle Rental Tax	Date													
		Peer-to-Peer Vehicle Sharing Tax	Date													
	2.	Seasonal Business. If open check months business is ac	only part of the year,	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	

3.	Mailing Address if different from the Mailing Add	dress in Section I.			
	Street Address or P.O. Box	Cit	y, State, ZIP Code		
4.	Contact Information. If different from Primary C	ontact in Section I, enter co	ntact information for thi	is tax.	
	Name	Title		Contact P	hone Number
				,	<b>`</b>
				(	)

#### Section VI - Communications Tax

A communications service is any electronic transmission of voice, data, audio, video, or other information by or through any electronic, radio, satellite, cable, optical, microwave or other medium or method regardless of the protocol used for the transmission or conveyance. Communications services subject to the tax include: landline telephone services (including Voice Over Internet Protocol); wireless telephone services; cable television; satellite television; satellite radio.

1.	Date You Became Liable	Date communications service	es were provided or antio	cipated date (MM/DD/YY).
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2.	Mailing Address if different from the Mailing Address in Section I.			
	Street Address or P.O. Box		City, State, ZIP Code	
3.	Contact Information. If different from Primary Contact in Section I, enter contact information for this tax.			
	Name	Title		Contact Phone Number
				( )

#### Section VII - Litter Tax

A litter tax is imposed on every business in the state who, on January 1 of the taxable year, was engaged in business as a manufacturer, wholesaler, distributor, or retailer of certain enumerated products. If you are not in business on January 1, you are not liable for Virginia Litter Tax until the succeeding year. The products that subject the business to litter tax are: food for human or pet consumption, groceries, cigarettes and tobacco products, soft drinks and carbonated waters, beer and other malt beverages, wine, newspapers and magazines, paper products and household paper, glass containers, metal containers, plastic or fiber containers made of synthetic material, cleaning agents and toiletries, non-drug drugstore sundry products, distilled spirits, and motor vehicle parts. **This tax does not apply to individual consumers**.

- 1. Existing Accounts. Enter Virginia Account Number.
- 2. Date You Became Liable. Date you became liable for Litter Tax (MM/DD/YY).
- 3. Number of business locations subject to litter tax
- 4. Mailing Address if different from the Mailing Address in Section I.

Street Address or P.O. Box

City, State, ZIP Code

 5. Contact Information. If different from Primary Contact in Section I enter contact information for this tax.

 Name
 Title
 Contact Phone Number

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Section VIII - Commodity and Excise Taxes					
1.	Tax Type - See instructions. Indicate         Cattle Assessment       Date         Corn Assessment       Date	Egg Excise Tax	iable. (MM/DD/YY). Date Date	Soybean Assessment Small Grains Assessment	Date
	Cotton Assessment Date	Peanut Excise Tax	Date	Soft Drink Excise Tax Sheep Assessment	Date
2.	Mailing Address if different from t Street Address or P.O. Box	the Mailing Address in Section I		State, ZIP Code	
3.	3. Contact Information. If different from Primary Contact in Section I, enter contact information for this tax.         Name       Title       Contact Phone Num			Phone Number	
				(	)

### Section IX - Signature

IMPORTANT - READ BEFORE SIGNING			
This registration form must be signed by an officer of the corporation, limited liability company or unincorporated association, who is authorized to sign on behalf of the organization. The proprietor must sign for a sole proprietorship.			
Under penalty of law, I believe the information on the application to be true and correct.			
Signature		Title	
Print Name	Date		Daytime Phone Number
			( )

For assistance with this form, or for information about taxes not listed in this form, please call (804) 367-8037.

Fax the completed form to (804) 367-2603 or mail it to:	Virginia Department of Taxation	
	Registration Unit	
	P.O. Box 1114	

#### P.O. Box 1114 Richmond, VA 23218-1114