

Department of Revenue Services
State of Connecticut
PO Box 2937
Hartford CT 06104-2937
(Rev. 07/10)

Connecticut Tax Registration Number

REG-7

Application for Authority to Collect Connecticut Use Tax

Read the instructions on the back before you complete this application.
Complete the application in blue or black ink only.

1. Business Name and Address

Organization name: Enter name of sole proprietor, partnership, corporation, or LLC

Federal Employer Identification Number (FEIN)

Business trade name

Business location: Enter physical address of the business. PO Box or rural route number is not acceptable.

Address line 1

Address line 2

City

State

ZIP code

Mailing address line 1 (street or PO Box)

Address line 2

City

State

ZIP code

Business telephone number

()

Email address

Bank name

2. Business Information

Type of organization:

- | | | |
|--|---|---|
| <input type="checkbox"/> Sole proprietorship | <input type="checkbox"/> Limited liability company (LLC)
<input type="checkbox"/> Check if taxed as a corporation
<input type="checkbox"/> Check if taxed as an S corporation | <input type="checkbox"/> S corporation |
| <input type="checkbox"/> General partnership | <input type="checkbox"/> Single member LLC (SMLLC)
<input type="checkbox"/> Check if taxed as a corporation
<input type="checkbox"/> Check if taxed as an S corporation | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Limited liability partnership (LLP) | <input type="checkbox"/> Limited partnership
<input type="checkbox"/> Check if taxed as a corporation | <input type="checkbox"/> Other (explain): |

Enter the date this business started or will start
making sales for use in Connecticut. ____ / ____ / ____

If a corporation, give the state of incorporation. _____

3. Nature of Business Activity

Check the box(es) that best describe your business: Retailer Wholesaler Manufacturer Service provider
 Other (explain): _____

4. Major Business Activity

Describe your major business activities: _____

5. List All Owners, Partners, Corporate Officers, or LLC Members. Attach a separate sheet if needed.

Name (last, first, middle initial)			Title
Home address line 1 (street)		Home address line 2	
City	State	ZIP code	Home telephone number ()
Social Security Number (SSN)	Date of birth / /	Bank name	
Name (last, first, middle initial)			Title
Home address line 1 (street)		Home address line 2	
City	State	ZIP code	Home telephone number ()
SSN	Date of birth / /	Bank name	
Name (last, first, middle initial)			Title
Home address line 1 (street)		Home address line 2	
City	State	ZIP code	Home telephone number ()
SSN	Date of birth / /	Bank name	

6. All Applicants Must Sign the Following Declaration

I declare under penalty of law that I have examined this application (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, imprisonment for not more than five years, or both.

Sign Here. Keep a copy for your records.	Signature of owner, partner, LLC member, or corporate officer	Date	Telephone number ()
	Print name of owner, partner, LLC member, or corporate officer	Title	

Purpose: Out-of-state retailers not engaged in business in Connecticut use REG-7 to register with DRS for the authority to collect use tax on their sales of goods to be used in Connecticut.

Business Name and Address: Enter the exact legal name of business for which this application is being completed. If the business entity is a sole proprietorship or partnership, enter the legal name or names of the owners.

Enter the FEIN assigned to this business. Sole proprietors not assigned a FEIN, leave this box blank.

Enter the trade name of this business if different from the legal name of the business entity. If it is not different, enter "same as above."

Enter the physical location, email address, and telephone number of this business. Do not enter a PO Box number.

Enter the name of the bank the organization does business with.

Enter the business mailing address if different from physical location. If it is not different, enter "same as above."

Business Information: Check the appropriate box to indicate the type of organization of the business. If this business is incorporated, enter the state in which it is incorporated.

Nature of Business Activity: Check the box(es) that best describe your business.

Major Business Activity: Describe fully the activities of this business, particularly its sales activities connected with Connecticut.

Owners, Partners, Corporate Officers, or LLC Members: Enter the name, title, home address, home telephone number, SSN, date of birth, and bank name of all owners, partners, corporate officers, or LLC members. If you require additional lines, create an identical schedule and attach it to the application.

Declaration: An owner, partner, LLC member, or corporate officer must sign the application.

Mail the Application to: Department of Revenue Services
State of Connecticut
PO Box 2937
Hartford CT 06104-2937

If the application is approved, DRS issues a confirmation notice, a personal identification number (PIN), and a certificate of authority to collect Connecticut use tax.

For More Information: Visit the DRS website at www.ct.gov/DRS or call **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only) or **860-297-5962** (from anywhere).

Visit the DRS website at www.ct.gov/DRS to download and print Connecticut tax forms and publications.