



**Location of business**

Federal Identification number \_\_\_\_\_

**22.** Trade name  
 \_\_\_\_\_  
 Trade name (cont'd.)  
 \_\_\_\_\_

**23.** Number and street (PO box is not acceptable)  
 \_\_\_\_\_

**24.** City or town \_\_\_\_\_ **25.** State \_\_\_\_\_ **26.** Zip \_\_\_\_\_

**27.** (Area code) Telephone number \_\_\_\_\_

**28.** Send certificate to:  Principal place of business  Location of business.  
**29.** Send tax forms to:  Principal place of business  Location of business  Other  
 If "Other," complete Schedule TA-4.

**Convention Center Financing District**

- 30.** Check here if your business location is within the Convention Center Financing District:  (see pages 24–26 of instructions).  
**31.** Check here if your business location is within a hotel, motel or other lodging establishment in Boston or Cambridge:

**Filing Frequencies**

<b>32.</b> Is this location seasonal? (See instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No. If "yes," check month(s) or partial month(s) business operates.												<b>33.</b> Indicate 12-month estimate of tax to be withheld, collected or paid for each applicable tax. Check the appropriate box(es).					
Check month(s)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Check appropriate box	\$0–\$100	\$101–\$1,200	\$1,201–\$25,000	over \$25,000
Withholding													Withholding		X		
Sales/Use on Goods													Check appropriate box(es)	\$0–\$100	\$101–\$1,200	over \$1,200	
Sales/Use on Telecom. Services													Sales/Use on Goods				
Meals													Sales/Use on Telecom. Services				
Room Occupancy													Meals				
													Room Occupancy				
													Use Tax Purchaser				

**Tax Type Information**

**Withholding**

**34.** Date you were first required to withhold taxes at this location. Mo Day Yr \_\_\_\_\_ consumers: estimate first payroll date

**35.** Number of employees in Massachusetts: \_\_\_\_\_ consumers: estimate number of employees

**Sales/Use Tax on Goods**

**36.** Date you were first required to collect sales/use tax at this location. Mo Day Yr \_\_\_\_\_

**Sales/Use Tax on Telecommunications Services**

**37.** Date you were first required to collect sales/use tax on telecommunications services at this location. Mo Day Yr \_\_\_\_\_

**Meals Tax on Food and All Beverages**

**38.** Check if you serve:  Food  Beer  Wine  Alc. bev **39.** Check if food/beverage vending machine:

**40.** Date you were first required to collect meals tax. Mo Day Yr \_\_\_\_\_

**41.** Name and address on liquor license at this location. \_\_\_\_\_ **42.** Seating capacity: \_\_\_\_\_

**Room Occupancy**

**43.** Date you were first required to collect room occupancy tax. Mo Day Yr \_\_\_\_\_ **44.** Locality code \_\_\_\_\_ **45.** Number of rooms: \_\_\_\_\_

**Use Tax Purchaser**

**46.** Date you were first required to pay use tax. Mo Day Yr \_\_\_\_\_

**Convention Center Financing Surcharges**

**47.** Date you were first required to collect: a. Boston Sightseeing Tour Surcharge. Mo Day Yr \_\_\_\_\_  
 b. Boston Vehicular Rental Transaction Surcharge. Mo Day Yr \_\_\_\_\_  
 c. Parking Facilities Surcharge in Boston, Springfield and/or Worcester. Mo Day Yr \_\_\_\_\_

**Cigar and Smoking Tobacco Excise**

**48.** Date you were first required to collect cigar and smoking tobacco excise. Mo Day Yr \_\_\_\_\_

Mail to: Massachusetts Department of Revenue, Data Integration Bureau, PO Box 7022, Boston, MA 02204.

I hereby certify that the statements made herein have been examined by me and are, to the best of my knowledge and belief, true and correct. Signed under the pains and penalties of perjury. The signing of this application is evidence that you may be individually and personally responsible for any sums required to be paid to the Commonwealth, under MGL, Chapters 62B, Sec. 5; 64G, Sec. 7B; 64H, Sec. 16 and 64I, Sec. 17.

Your signature	Title OWNER	Date
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