



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

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

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

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

3a. Street and House #* (If Applicable)	3b. Landmark (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 (select 1 only)*: <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial	3i. Paying Rent?* Yes No

4. MAILING ADDRESS (IF DIFFERENT THAN MAIN ADDRESS)

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

5. ACTIVITY INFORMATION

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

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

