



Name

Address

City State Zip

Account #: _____

WEST VIRGINIA DEPARTMENT OF REVENUE TELEMARKETER REGISTRATION FORM

WV/TLM
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Taxpayers required to file electronically will no longer receive returns for the tax types subject to the mandatory requirement by mail. Please visit www.wvtax.gov for additional information.

SECTION 1 - BUSINESS ORGANIZATION

What type of organization is this business? Please check the appropriate box:

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Subchapter S Corporation |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Publicly Traded Corporation |

License Fee

250.00

SECTION 2 - CONTACT INFORMATION

Please provide the following contact information:

Federal Tax ID Number		
Name Used When Contacting The Public		
Legal Name		
Other Business Aliases		
Business Description (Add additional sheets as necessary to provide full description of business)		
(Street Address)	(Name of City & State / Province)	(Zip / Postal Code)
(Telephone Number)	(Fax Number)	(E-mail Address)
(Business Website)		

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT

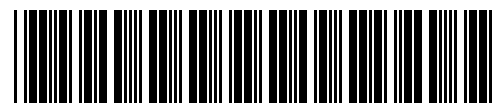
Revenue Division

P. O. Box 2666, Charleston, WV 25330-2666

FOR ASSISTANCE CALL (304) 558-3333 TOLL FREE (800) 982-8297

For more information visit our web site at: www.wvtax.gov

File online at <https://mytaxes.wvtax.gov>



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SECTION 3 - LOCATION INFORMATION

Please provide the following information for the locations from which sales will be solicited, if different from the address listed in Section 1 above. **NOTE: Add additional sheets for other locations if necessary.**

1.			
	(Street Address)	(City & State / Province)	(Zip / Postal Code) (Telephone Number)
2.			
	(Street Address)	(City & State / Province)	(Zip / Postal Code) (Telephone Number)
3.			
	(Street Address)	(City & State / Province)	(Zip / Postal Code) (Telephone Number)

SECTION 4 - FINANCIAL INSTITUTION INFORMATION

Please provide the following information for the two principle financial institutions where banking or other monetary transactions are conducted by the seller:

1.			
	(Financial Institution Account #)	(Street Address)	(City & State / Province) (Zip / Postal Code)
2.			
	(Financial Institution Account #)	(Street Address)	(City & State / Province) (Zip / Postal Code)

SECTION 5 - OWNER AND OFFICER INFORMATION

OWNER / OFFICER 1

(Name)	Date of Birth (mm/dd/yyyy)	(SSN)	(Office Held)
(Street Address)	(City & State / Province)	(Zip / Postal Code)	
(Telephone Number)	(Fax Number)	(E-mail Address)	
Ownership Interest	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has the individual or business filed for bankruptcy, been adjudged bankrupt, or reorganized because of insolvency within the last seven years? (If answer is Yes, see Section 6 for further details)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has the individual been convicted, or pled guilty to, or is being prosecuted by indictment for, racketeering or any violations of state or federal security laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

OWNER / OFFICER 2

(Name)	Date of Birth (mm/dd/yyyy)	(SSN)	(Office Held)
(Street Address)	(City & State / Province)	(Zip / Postal Code)	
(Telephone Number)	(Fax Number)	(E-mail Address)	
Ownership Interest	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has the individual or business filed for bankruptcy, been adjudged bankrupt, or reorganized because of insolvency within the last seven years? (If answer is Yes, see Section 6 for further details)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has the individual been convicted, or pled guilty to, or is being prosecuted by indictment for, racketeering or any violations of state or federal security laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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OWNER / OFFICER 3			
(Name)	Date of Birth (mm/dd/yyyy)	(SSN)	(Office Held)
(Street Address)		(City & State / Province)	(Zip / Postal Code)
(Telephone Number)	(Fax Number)	(E-mail Address)	
Ownership Interest	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has the individual or business filed for bankruptcy, been adjudged bankrupt, or reorganized because of insolvency within the last seven years? <small>(If answer is Yes, see Section 6 for further details)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has the individual been convicted, or pled guilty to, or is being prosecuted by indictment for, racketeering or any violations of state or federal security laws?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

SECTION 6 - SUPPLEMENTAL INFORMATION	
Supplemental information regarding question concerning bankruptcy, racketeering and security law violations:	
ACTION NO. 1	
Name	
Date of Conviction, Judgement or Order	
Government Agency which brought action	
ACTION NO. 1	
Name	
Date of Conviction, Judgement or Order	
Government Agency which brought action	

SECTION 7 - TYPE OF SURETY TO BE SUPPLIED TO STATE		
Select one:		
<input type="checkbox"/> Surety Bond	<input type="checkbox"/> Cash	<input type="checkbox"/> Application for Exemption from Surety Requirements
<input type="checkbox"/> Government Bond	<input type="checkbox"/> Letter of Credit	

SECTION 8 - AGREEMENT		
Under penalties of perjury, I declare that the statements and items entered herein and attached hereto are true and correct to the best of my knowledge		
Date	Printed Name	Signature