

# Form R-1

## Virginia Department of Taxation Business Registration Form

Go to [www.tax.virginia.gov/iReg](http://www.tax.virginia.gov/iReg) to register or update your business information online.

<b>Reason for Submitting this Form:</b>			
<input type="checkbox"/> <b>New Business Registration.</b> Complete applicable lines in Sections I, II, IX and all applicable tax types.			
<input type="checkbox"/> <b>Add an Additional Tax Type to Existing Account.</b> Complete applicable lines in Sections I, II, IX and applicable tax types.			
<input type="checkbox"/> <b>Add a New Business Location to Existing Account.</b> Complete applicable lines in Sections I, II, IX and applicable tax types.			
<input type="checkbox"/> <b>Update Contact or Responsible Officer Information.</b> Complete applicable lines in Sections I, II and IX.			
<b>Section I - Business Profile Information</b>			
<b>1 Business Name.</b> Enter full legal name of business. Sole Proprietors - enter owner's name (first, middle initial, last).			
<b>2 Federal Employer Identification Number (FEIN).</b> This number is required to register. To obtain a FEIN, contact the IRS.			
<b>2a If Sole Proprietor, enter Social Security Number (SSN) of Owner.</b>			
<b>3 Entity Type.</b> Check One. See instructions.			
<input type="checkbox"/> <b>Sole Proprietor</b> (or single member limited liability company taxed as an individual)  <input type="checkbox"/> <b>Estate/Trust</b>  <b>Corporation</b> <input type="checkbox"/> C Corporation <input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> Limited Liability Company electing to file as a corporation	<b>Pass-Through Entity</b> <input type="checkbox"/> S Corporation <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Company electing to file as a pass-through entity	<b>Other Entity</b> <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Cooperative <input type="checkbox"/> Credit Union <input type="checkbox"/> Bank <input type="checkbox"/> Savings and Loan <input type="checkbox"/> Public Service Corporation	<b>Government Entity</b> <input type="checkbox"/> Federal Government <input type="checkbox"/> Virginia State Government <input type="checkbox"/> Local Government <input type="checkbox"/> Other State Government (not Virginia) <input type="checkbox"/> Other Government
<b>4 Trading As Name (or Doing Business As Name).</b> This is the name known by the public.			
<b>5 Primary Business Activity.</b> Describe:			
<input type="checkbox"/> Check if you will be selling any tobacco products.			
<input type="checkbox"/> Check if you intend to operate a retail food establishment, food manufacturing operation, or food warehouse that sells food products or dietary supplements. Exception: If you intend to operate solely as a restaurant, do not check this box. See instructions.			
<b>6 Primary Business Address.</b> Enter the physical address of your business.			
Street Address		City, State, ZIP	
<b>7 Primary Mailing Address.</b> Enter a mailing address if different from your Primary Business Address.			
Street Address or P.O. Box		City, State, ZIP	
<b>8 Primary Contact Information.</b> Use this section to designate an individual authorized to discuss tax matters on behalf of this business. The named contact is permitted to resolve specific tax issues and discuss transactions with the Department. See instructions.			
Name	Title	Contact Phone Number	
		(       )	

FEIN \_\_\_\_\_

<b>Section II - Responsible Party</b>			
<b>Responsible Party / Corporations and Pass-Through Entities Only - Identify corporate, partnership or limited liability officers responsible for tax obligations. See instructions. Providing this information assists Department representatives in verifying authorized contacts and resolving tax matters.</b>			
<b>1</b>	a) Name of Responsible Party		b) SSN
	c) Relationship Title	d) Relationship Date	e) Home Phone Number (Including Area Code)
	f) Residence Address		g) City, State, ZIP
<b>2</b>	a) Name of Responsible Party		b) SSN
	c) Relationship Title	d) Relationship Date	e) Home Phone Number (Including Area Code)
	f) Residence Address		g) City, State, ZIP

<b>Section III - Annual Tax</b>		
<b>A Corporation Income Tax</b>		
<b>1 Date you became liable for Corporation Income tax (MM/DD/YY).</b>		
<b>2 Date and state of incorporation</b>	Date (MM/DD/YY)	State
<b>3 Tax Year. Must be same as your Federal taxable year. Check one.</b> <input type="checkbox"/> Calendar Year (1/1 – 12/31) or <input type="checkbox"/> Fiscal Year - Beginning month _____ and Ending month _____ or <input type="checkbox"/> 52-53 Taxable year - Beginning month _____ and Ending month _____		
<b>4 Mailing Address. (If different from the Mailing Address on page 1)</b> Street Address or P.O. Box. _____ City, State, ZIP _____		
<b>5 Subsidiary or Affiliate. Complete the following only if this business is a subsidiary or affiliated with another business and the parent is filing a combined or consolidated return.</b> <input type="checkbox"/> <b>Combined return.</b> Check if business is a subsidiary or affiliate and parent files combined return. <input type="checkbox"/> <b>Consolidated return.</b> Check if business is a subsidiary or affiliate and parent files consolidated return. Parent Company's Business Name _____ Parent Company's FEIN _____		
<b>6 Contact Information. If different from Primary Contact on page 1, enter contact information for person designated for this tax.</b> Name _____ Title _____ Contact Phone Number _____ (      )		

FEIN \_\_\_\_\_

<b>B Pass-Through Entity</b>		
1 <b>Date you became liable for reporting Pass-Through Entity Income (MM/DD/YY).</b>		
2 <b>Date and state of formation</b>	Date (MM/DD/YY)	State
3 <b>Tax Year.</b> Must be same as your Federal taxable year. Check one. <input type="checkbox"/> Calendar Year (1/1 – 12/31) or <input type="checkbox"/> Fiscal Year - Beginning month _____ and Ending month _____ or <input type="checkbox"/> 52-53 Taxable year - Beginning month _____ and Ending month _____		
4 <b>Mailing Address</b> (If different from the Mailing Address on page 1) Street Address or P.O. Box <span style="float: right;">City, State, ZIP</span>		
5 <b>Contact Information.</b> If different from Primary Contact on page 1, enter contact information for this tax. Name <span style="margin-left: 150px;">Title</span> <span style="float: right;">Contact Phone Number</span> <span style="float: right;">(     )</span>		

<b>C Insurance Premiums License Tax</b>		
1 <b>Date you became liable for Insurance Premiums License Tax (MM/DD/YY).</b>		
2 <b>Insurance Company.</b> If you are an insurance company pending licensure by the Virginia State Corporation Commission Bureau of Insurance, complete the Insurance Company Section below. Insurance companies must also complete and attach the Declaration of Estimated Insurance Premiums License Tax, Form R-1A. Form R-1A is available to download or print on our website, <a href="http://www.tax.virginia.gov">www.tax.virginia.gov</a> . Company Type and Company Sub-Type are provided to you by the Bureau of Insurance. License Number <span style="margin-left: 150px;">Company Type</span> <span style="float: right;">Company Sub-Type</span>		
3 <b>Surplus Lines Broker and Surplus Lines Agency.</b> If a Surplus Lines Broker or Agency, enter producer number below. Producer Number		
4 <b>Mailing Address</b> (If different from the Mailing Address on page 1) Street Address or P.O. Box <span style="float: right;">City, State, ZIP</span>		
5 <b>Contact Information.</b> If different from Primary Contact on page 1, enter contact information for this tax. Name <span style="margin-left: 150px;">Title</span> <span style="float: right;">Contact Phone Number</span> <span style="float: right;">(     )</span>		

FEIN \_\_\_\_\_

**Section IV - Employer Withholding Tax**

<b>1 Date you had employees and began paying wages (MM/DD/YY).</b>												
<b>2 Filing Frequency.</b> Will be determined by the Dept. of Taxation and reviewed periodically. Indicate below the amount of Virginia Income Tax you expect to withhold each quarter.												
<input type="checkbox"/> Quarterly Filer - Less Than \$300 Virginia Withholding Per Quarter <input type="checkbox"/> Monthly Filer - Between \$300 and \$3,000 Virginia Withholding Per Quarter <input type="checkbox"/> Semi-Weekly Filer - \$3,000 or Greater Virginia Withholding Per Quarter						<input type="checkbox"/> Pension Plan Only <input type="checkbox"/> Household Employer - Annual Filer						
<b>3 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	
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
<b>4 Mailing Address (If different from the Mailing Address on page 1)</b> Street Address or P.O. Box _____ City, State, ZIP _____												
<b>5 Contact Information.</b> If different from Primary Contact on page 1, enter contact information for this tax.												
Name _____				Title _____				Contact Phone Number _____				
( )												

**Section V - Retail Sales and Use Tax**

<b>A In-State Dealers.</b> If your business location is in Virginia, use this area to register for Retail Sales and Use Tax.												
<b>1 Date You Became Liable.</b> Anticipated date of first retail sale (MM/DD/YY).												
<b>2 Filing Options.</b> Virginia retail sales businesses with multiple locations, indicate how you will submit your return(s).												
<input type="checkbox"/> a. File one combined return for all business locations in the same locality. <input type="checkbox"/> b. File one consolidated return for all business locations. <input type="checkbox"/> c. File a separate return for each business location.												
<b>3 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	
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
<b>4 <input type="checkbox"/> Specialty Dealer.</b> Check this box if you sell at flea markets, craft shows, etc. at various locations in Virginia.												
<b>5 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 or use the business location schedule located at the end of this document.												
a) Add This Location to This Virginia Account Number _____						b) Date Location Opened _____						
c) Trade Name of Business _____						d) Business Locality FIPS Code (Lookup at <a href="http://www.tax.virginia.gov">www.tax.virginia.gov</a> ) _____						
e) Business Physical Street Address - (No P.O. Boxes.) _____						City, State and ZIP _____						
f) Mailing Address ( If different from above) _____						City, State and ZIP _____						
<b>6 Contact Information.</b> If different from Primary Contact on page 1, enter contact information for this tax.												
Name _____				Title _____				Contact Phone Number _____				
( )												

FEIN \_\_\_\_\_

**B Out-of-State Dealers.** Use this area to register for Retail Sales and Use Tax. Every dealer outside Virginia doing business in Virginia as a dealer is required to register and to collect and pay the tax on all taxable tangible personal property sold or delivered for storage, use or consumption in Virginia.

1 **Date You Became Liable.** Date of first sale or use in Virginia (MM/DD/YY)

2 **Seasonal Business.** If open only part of the year, check months business is active.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3 **Mailing Address.** If different from the Mailing Address on page 1

Street Address or P.O. Box \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

4 **Contact Information.** If different from Primary Contact on page 1, enter contact information for this tax.

Name \_\_\_\_\_ Title \_\_\_\_\_ Contact Phone Number \_\_\_\_\_  
(      )

**C Vending Machine Sales Tax**

1 **Existing Accounts.** Enter Virginia Account 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 (see instructions).

Location 1	Location 2	Location 3	Location 4	Location 5	Location 6

4 **Mailing Address** (If different from the Mailing Address on page 1)

Street Address or P.O. Box \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

5 **Contact Information.** If different from Primary Contact on page 1, enter contact information for this tax.

Name \_\_\_\_\_ Title \_\_\_\_\_ Contact Phone Number \_\_\_\_\_  
(      )

**D Other Sales and Use Tax.** Use this area to register for Sales Type Specific and Use Taxes.

1 **Indicate Tax Type(s) & date you became liable.** This is the date of the first sale of a particular product or service, or the purchase date of the item for use tax purposes.

<u>Tax Type</u>	<u>Date You Became Liable</u>	<u>Tax Type</u>	<u>Date You Became Liable</u>
<input type="checkbox"/> Consumer Use Tax	Date _____	<input type="checkbox"/> Aircraft Tax	Date _____
<input type="checkbox"/> Watercraft Tax	Date _____	Number of Aircraft Owned Previous Year:	_____
<input type="checkbox"/> Digital Media Fee	Date _____	Virginia Commercial Fleet Aircraft License Number:	_____
<input type="checkbox"/> Tire Recycling Fee	Date _____		
<input type="checkbox"/> Motor Vehicle Rental Tax	Date _____		

2 **Seasonal Business.** If open only part of the year, check months business is active.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3 **Mailing Address** (If different from the Mailing Address on page 1)

Street Address or P.O. Box \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

4 **Contact Information.** If different from Primary Contact on page 1, enter contact information for this tax.

Name \_\_\_\_\_ Title \_\_\_\_\_ Contact Phone Number \_\_\_\_\_  
(      )

FEIN \_\_\_\_\_

**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 services were provided or anticipated date (MM/DD/YY).

2 **Mailing Address** (If different from the Mailing Address on page 1)

Street Address or P.O. Box

City, State, ZIP

3 **Contact Information.** If different from Primary Contact on page 1, 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 on page 1)

Street Address or P.O. Box

City, State, ZIP

5 **Contact Information.** If different from Primary Contact on page 1, enter contact information for this tax.

Name

Title

Contact Phone Number

( )

FEIN \_\_\_\_\_

<b>Section VIII - Commodity and Excise Taxes</b>		
1 Tax Type - See instructions. Indicate tax type and the date you became liable. (MM/DD/YY).		
<input type="checkbox"/> Corn Assessment      Date _____ <input type="checkbox"/> Cotton Assessment      Date _____ <input type="checkbox"/> Egg Excise Tax      Date _____	<input type="checkbox"/> Forest Products Tax      Date _____ <input type="checkbox"/> Peanut Excise Tax      Date _____ <input type="checkbox"/> Soybean Assessment      Date _____	<input type="checkbox"/> Small Grains Assessment Date _____ <input type="checkbox"/> Soft Drink Excise Tax      Date _____ <input type="checkbox"/> Sheep Assessment      Date _____
2 <b>Mailing Address</b> (If different from the Mailing Address on page 1)		
Street Address or P.O. Box		City, State, ZIP
3 <b>Contact Information.</b> If different from Primary Contact on page 1, enter contact information for this tax.		
Name	Title	Contact Phone Number
		(      )

<b>Section IX - Signature</b>		
<b>Important - Read Before Signing</b>		
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.		
<b>Under penalty of law, I believe the information on the application to be true and correct.</b>		
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  
Richmond, VA 23218-1114**

**Virginia Form R-1**  
**Business Registration Application**  
**Instructions**



**Save Time**  
**Register Online**  
**[www.tax.virginia.gov](http://www.tax.virginia.gov)**

**Commonwealth of Virginia**  
**Department of Taxation**  
**Richmond, Virginia**  
**804-367-8057**



# Instructions for Completing Form R-1 Business Registration Application

## General Information

- Read instructions carefully before completing this form.
- Print or type, and provide the information requested on all lines that apply to your business. If a line does not apply, leave it blank.
- Enter all dates in MM/DD/YY format.
- For assistance call 804-367-8057.
- Completed form can either be mailed or faxed to:

**Registration Unit Virginia Department of Taxation**  
**P. O. Box 1114**  
**Richmond, VA 23218-1114**  
**FAX Number (804) 367-2603**

**NOTE:** This application cannot be used to request a consolidated account number for Sales Tax accounts. To consolidate five or more Sales Tax accounts under a single account number, submit your request in writing to: **Registration Unit, Virginia Department of Taxation, P.O. Box 1114, Richmond, VA 23218-1114.** Include the legal business name and the registration numbers of all accounts you wish to consolidate.

## Instructions

### Reason for Submitting this Form

Check the box on the form to indicate the reason you are submitting this form.

**New Business Registration** - Select this option if you want to register a new business that has never been registered for any Virginia business tax. Do not check this box if your business has been assigned a Virginia business tax account number. Complete Sections I, II, IX and appropriate tax types.

**Add an Additional Tax Type to Your Existing Account**  
Select this option if this business has a Virginia account number and is adding tax types to that account. For example, you are currently registered for Sales and Use Tax and you now want to register for Withholding. Complete Sections I, II, IX and appropriate tax types.

**Add a New Business Location to Your Existing Account**  
Select this option if you want to add one or more locations to your existing consolidated account number. For example, if your business already has five stores registered to file under one consolidated account number and you need to add a sixth store to that account, the sixth store is considered a *new* location. Enter your previously assigned Virginia consolidated account number. For information on requesting a consolidated account, see the "NOTE" at the beginning of this section of the instructions. Complete Sections I, II, IX and appropriate tax types.

**Update Contact or Responsible Officer Information**  
Select this option if you need to make changes to contact or responsible officer information for your business. Complete Sections I, II and IX.

### Section I - Business Profile Information

**Line 1 Business Name** - Enter the full legal name of the business. Sole proprietors should enter the owner's first name, middle initial, last name.

**Line 2 Federal Employer Identification Number (FEIN /EIN)**  
Enter the Federal Employer Identification Number. All businesses must have a FEIN. If you do not have a FEIN, see the IRS website ([www.irs.gov](http://www.irs.gov)) for information on how to obtain a FEIN/EIN.

**Line 2a Sole Proprietor Social Security Number** - If you are a Sole Proprietor, enter your Social Security Number (SSN).

**Line 3 Entity Type** - Choose one of the following that best describes the type of ownership of the business (same designation as reported to IRS).

**Sole Proprietor** - A Sole Proprietorship is an unincorporated business that is owned and operated by one person. This person receives all of the profits and is personally liable for all of the losses and taxes. Also check this box if you are the sole member of a domestic limited liability company (LLC) that is taxed as an individual rather than as a corporation or partnership.

**Estate/Trust** - An Estate or Trust is an unincorporated entity that is governed by a fiduciary instrument such as a trust agreement or will.

#### Corporations

**C Corporation** - A C Corporation is an entity with a legal existence separate from its owners.

**Non-Profit Corporation** - A Non-Profit Corporation is a corporation with a nonprofit, tax-exempt status under Section 501(c) of the Internal Revenue Code and is incorporated as a non-stock corporation.

**Limited Liability Company (LLC)** - A limited liability company is an unincorporated association having one or more members. It is a separate legal entity that limits the personal liability of its owners. Internal Revenue Service regulations allow a limited liability company to be classified for tax purposes as a corporation.

### **Pass-through Entities**

**S Corporation** - An S Corporation is an entity with a legal existence separate from its owners and where the owners have elected to be treated as an S Corporation. In general, an S Corporation does not pay any income tax but passes its income and expenses through to its shareholders to be included on their separate income tax returns.

**General Partnership** - A General Partnership is a relationship existing between two or more persons who join together to carry on a trade or a business.

**Limited Partnership** - A Limited Partnership has two classifications of partners. *General partners* retain control over the management of the partnership and are liable for all debts. *Limited partners* invest money or property in the business and are entitled to share in the profits. The limited partners' liability is limited to the extent of their investment.

**Limited Liability Partnership (LLP)** - A limited liability partnership is formed under a state limited liability partnership law. Generally, a partner in an LLP is not personally liable for the debts of the LLP or any other partner, nor is a partner liable for the acts or omissions of any other partner, solely by reason of being a partner.

**Limited Liability Company (LLC)** - A limited liability company is an unincorporated association having one or more members. It is a separate legal entity that limits the personal liability of its owners. Internal Revenue Service regulations allow a limited liability company to be classified for tax purposes as a partnership.

### **Other Entities**

**Non-Profit Organization** - A Non-Profit Organization that meets the requirements under Section 501(c)(3) of the Internal Revenue Code and is not incorporated.

**Cooperative** - A Cooperative is a business that the Virginia State Corporation Commission has designated to be a cooperative based on Section 13.1-301 of the Code of Virginia.

**Credit Union** - A Credit Union is defined in Va. Code § 6.1-225.2 as a cooperative, nonprofit corporation, organized to do business for the purposes of encouraging thrift among its members. A Credit Union is defined in Va. Code § 6.1-225.2 as a cooperative, nonprofit corporation, organized to do business for the purposes of encouraging thrift among its members. A credit union also provides an opportunity for its members to use and control their own money on a democratic basis in order to improve their economic and social condition, and provides any other service that may be of benefit to its members, consistent with the provisions of this chapter and any regulations adopted by the Commission under this chapter.

**Bank** - A Bank is a corporation authorized by statute to accept deposits and engage in the banking

business in this Commonwealth. See Va. Code § 6.1-4.

**Savings and Loan** - A Savings and Loan Association, whether organized as a capital stock corporation or a non-stock corporation, is authorized by law to accept deposits and engage in the savings institution business. A building and loan association, building association or savings bank, may be included in this category. See Va. Code § 6.1-194.2.

**Public Service Corporation** (such as a corporation providing telephone or electrical utility services) - A Public Service corporation is an entity that conducts business of a public service nature as defined in Va. Code § 58.1-2600 and § 13.1-620.

### **Government Entities**

**Federal Government** - Federal Government entities are part of the government of the United States of America.

**Virginia State Government** - Virginia State Government entities are part of the government of the Commonwealth of Virginia.

**Local Government** - Local Government entities include government or administration of a particular locality, especially the governmental authority of a municipal corporation, as a city or county.

**Other State Government (not VA)** - Other State Government entities includes entities at the state level (i.e., a body of people occupying a definite territory of the United States and organized under one government) other than Virginia. For this purpose, the District of Columbia is considered a state government.

**Other Government** - Other Government includes entities of another country or city in another country.

**Line 4 Trading As Name** - Enter the business's trading as name. This is the name that would be known by the public.

**Line 5 Primary Business Activity** - Enter a description of your principal business activity. The description should state what product line or service your business provides.

**Check Boxes:** Be sure to check any of the applicable boxes related to tobacco product sales and food establishments.

If you intend to operate any of the establishments noted in items 1-3 below, check the box related to food establishments. These establishments are under the inspectional jurisdiction of the Virginia Department of Agriculture and Consumer Services:

1.) A Retail Food Establishment which includes Supermarkets, Grocery stores, Retail Bakeries, Retail Meat Markets, Retail Seafood Markets, Frozen Dessert Stores that sell frozen desserts only, Health Food Stores, Convenience Stores, Gas Stations and other similar establishments that process, package or offer food for sale.

2.) A Food Manufacturer which includes manufacturers of all processed food products except for meat products produced in traditional manufacturing plants, Grade A fluid milk processors and shellfish processors. A Food Manufacturer also includes dietary supplement manufacturers as well as home based food operations that manufacture or sell food products or dietary supplements.

3.) A Food Warehouse which includes establishments that store and distribute one or more food commodities.

If you have questions, contact the Virginia Department of Agriculture and Consumer Services Food Safety and Security program by calling 804-786-3520, Monday – Friday, 8 am – 5:00 pm.

**Line 6 Primary Business Address** - Enter the primary physical address of your business, including number, street, city and zip code. Post office boxes will not be accepted.

**Line 7 Primary Mailing Address** - Enter the primary mailing address of your business. If you have different addresses for various tax types, provide that information in the applicable section. It should not be the address of your bookkeeper or CPA.

**Line 8 Primary Contact Information** - Enter the name, title and day time phone number of the contact person for your business. This is an individual authorized to discuss tax matters on behalf of the business.

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## Section II - Responsible Party

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Under Va. Code § 58.1-1813 of the *Code of Virginia*, any corporate, partnership or limited liability officer may be held personally liable for unpaid taxes assessed against a corporation or partnership. The term "corporate, partnership or limited liability officer" includes any officer or employee of a corporation, or a member, manager or employee of a partnership or limited liability company, who is under a duty to collect, account for and pay the assessed tax, who had knowledge of the failure to pay the tax, and who had the authority to prevent the failure.

- This section must be completed for each corporate, partnership or limited liability officer as defined above.
- If there are more than 2 responsible parties, attach additional pages.

For each responsible party:

**Line a** Enter the name of the party.

**Line b** Enter the Social Security Number of the party.

**Line c** Enter the relationship title of this party.

**Line d** Enter the date that this party became an owner, partner, officer, employee, manager or member.

**Line e** Enter the home phone number, including area code, of the party.

**Line f** Enter the residence (home) address of the party.

**Line g** Enter the city, state and ZIP of the party.

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## Section III - Annual Tax

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### A Corporation Income Tax

Every corporation organized under the laws of Virginia, every foreign corporation registered with the State Corporation Commission and every corporation having income from Virginia sources, must file a corporation income tax return except: public service corporations other than railroads and telecommunications companies, banks subject to the Bank Franchise Tax, credit unions, insurance companies, and corporations not conducted for profit that are exempt from federal income tax, with the exception that these are taxable on their unrelated business taxable income.

**Line 1 Date you became liable** - Enter the date or anticipated date that the business became liable for reporting corporation income tax.

**Line 2 Date and state of incorporation** - Enter the date the business was incorporated and the state where the business is incorporated.

**Line 3 Tax Year** - Check the applicable box to indicate whether your taxable year is a calendar year (January 1 through December 31) or a fiscal year. If you check fiscal year, enter the beginning and ending months of your fiscal year. It must be the same as your Federal taxable year. If a 52-53 week taxable year filer, enter beginning and ending months.

**Line 4 Mailing Address** - Enter the mailing address of your business if different from the one shown on Page 1.

**Line 5 Subsidiary or Affiliate** - If this business is a subsidiary or affiliate of another business and will be filing a combined or consolidated return with its affiliate(s), check the applicable box and enter the parent company's name and federal employer identification number (FEIN).

**Line 6 Contact Information** - Enter the name, title, and daytime phone number of the contact person for your Corporation Income Tax, if different from your Primary Contact on Page 1, Line 8. This is an individual authorized to discuss tax matters on behalf of the business.

### B Pass-Through Entity

Effective for taxable years beginning on or after January 1, 2004, every pass-through entity (PTE) doing business in Virginia or having income from Virginia sources is required to file a return of income for each taxable year with the Department of Taxation. Pass-through entities include Subchapter S corporations, general partnerships, limited partnerships, limited liability partnerships (LLPs), limited liability companies (LLCs), electing large partnerships and business trusts. A pass-through entity is any entity that is recognized as a separate entity for federal income tax purposes and the owners of which report their distributive or pro rata shares of the entity's income, gains, losses, deductions and credits on their own income tax returns. A single-member LLC that is disregarded as a separate entity for federal income tax purposes will be similarly treated for Virginia income tax.

- Line 1 Date you became liable** - Enter the date or anticipated date that the business became liable for reporting pass-through entity income.
- Line 2 Date and state of formation** - Enter the date the business was formed and the state where the business is formed.
- Line 3 Tax Year** - Check the applicable box to indicate whether your taxable year is a calendar year (January 1 through December 31) or a fiscal year. If you check fiscal year, enter the beginning and ending months of your fiscal year. It must be the same as your Federal taxable year.
- Line 4 Mailing Address** - Enter the mailing address of your business if different from the one shown on Page 1.
- Line 5 Contact Information** - Enter the name, title, and daytime phone number of the contact person for your Pass-Through Entity return information, if different from your Primary Contact on Page 1, Line 8. This is an individual authorized to discuss tax matters on behalf of the business.

**C Insurance Premiums License Tax**

Effective for taxable years beginning on and after January 1, 2013, the administration of the Insurance Premiums License Tax has been transferred from the Virginia Bureau of Insurance to the Department of Taxation (the Department). Responsibilities transferred to the Department include the processing of tax returns; handling of related payments and billing; customer service functions; and all collections and auditing duties. Additionally, the Department will administer the retaliatory cost assessment on certain foreign insurance companies, and the retaliatory costs tax credit for certain domestic insurance companies.

- Line 1 Date you became liable** - Enter the date or anticipated date that the business is liable for Insurance Premiums License Tax.
- Line 2 Insurance Company** - If you are an Insurance Company, enter your License Number, Company Type, and Company Sub-Type. This information is provided to you by the Bureau of Insurance.
- Line 3 Surplus Lines Broker and Surplus Lines Agency** If you are a Surplus Lines Broker or Surplus Lines Agency, enter your producer number.
- Line 4 Mailing Address** - Enter the mailing address of your business if different from the one shown on Page 1.
- Line 5 Contact Information** - Enter the name, title, and daytime phone number of the contact person for your Insurance Premiums License Tax return information, if different from your Primary Contact on Page 1, Line 8.

**Section IV - Employer Withholding Tax**

An employer who pays wages to one or more employees is required to deduct and withhold state income tax from those wages.

Filing frequency is determined by the Department and revised annually.

- Line 1 Date you had employees and began paying wages** - Enter the date or anticipated date that the business had employees and began paying wages.

- Line 2 Filing Frequency** - Check the box that contains the dollar amount of Virginia Income tax you expect to withhold each quarter for all employees. If you are unsure of this amount, check an estimated amount. **DO NOT LEAVE THIS LINE BLANK.**

The "Pension Plans Only" filer status is for certain pension plans that only have withholding when someone makes a withdrawal from the plan. In a plan with only a few participants this may occur only on a very limited basis. If you qualify as a "Pension Plans Only" filer, but do not indicate such on this form, you will be expected to file a return each month, even if no tax is due.

The "Household Employer" filer status is for employers of household service employees that elect to file and pay the Virginia income tax withheld from their employees' salaries on an annual basis at the same time they submit the employees' Forms W-2 for the year. The employment must consist exclusively of domestic service in the private home of the employer. Visit the Department's website at [www.tax.virginia.gov](http://www.tax.virginia.gov) to obtain forms.

- Line 3 Seasonal Business** - Check those months that your business will be open any part of the month. Even if your business is open for only one day in a month, that month should be marked.

- Line 4 Mailing Address** - Enter the mailing address of your business if different from the one shown on Page 1.

- Line 5 Contact Information** - Enter the name, title, and daytime phone number of the contact person for Employer Withholding Tax, if different from your Primary Contact on Page 1, Line 8. This is an individual authorized to discuss tax matters on behalf of the business.

**Section V - Retail Sales and Use Tax**

This area is used to register for Sales and Use Taxes. A separate section needs to be completed for each location. If your business has multiple locations, Page 4 of Form R-1 may be copied and used for the additional locations. The filing frequency for sales and use tax is monthly, unless you are otherwise notified. The filing frequency is determined by the Department and revised annually.

**A Retail Sales and Use (In-State Dealers)**

Complete this section if you business is located in Virginia. Retail Sales and Use tax is imposed on gross receipts from retail sales or leases of tangible personal property or taxable services to a consumer or to any person for any purpose other than for resale.

- Line 1 Date You Became Liable** - Enter the date or anticipated date of the first retail sale.

- Line 2 Filing Options**- Check the box to indicate your filing option

- a. Check this box if you want to file a combined return for all business locations in the same locality. Any business that has two or more business locations within the same locality may elect to file a single combined return to report and remit sales and use tax for all locations within that locality. However, this election does not eliminate the requirement that a certificate of registration be obtained for each business location.

- b. Check this box if you want to file a consolidated return for all business locations. Any business that has five or more business locations in two or more localities may request permission to file a consolidated return to report and remit sales and use tax for all locations.

By electing to file a single consolidated return, a business agrees to separately account for and report sales and use tax for each locality in which there is a business location(s) with such return. The election to file a consolidated return does not eliminate the requirement that a certificate of registration be obtained for each business location.

- c. Check this box if you want to file a separate return for each location. This is where a business elects to file a separate return for each business location to report and remit sales and use tax for that location only.

**Line 3 Seasonal Business** - Check those months that your business will be open any part of the month. Even if your business is open for only one day in a month, that month should be marked.

**Line 4 Specialty Dealer** - Check this box if you sell at flea markets, craft shows, etc. at various locations in Virginia.

**Line 5 Business Locations**

- a. If you want this location added to a current Virginia account number, enter the Virginia account number here.
- b. Enter the date that this location opened.
- c. Enter the trade name by which this business is known to the public if it is different from the legal name in Section I, Line 1.
- d. Using the Locality (FIPS) Code listing at the back of these instructions, enter the Locality Code of the physical location of your business (street address). You can lookup your local FIPS code on our website at [www.tax.virginia.gov](http://www.tax.virginia.gov). *In many cases, this locality is not the same as the mailing address.* This information is used to allocate local sales tax revenue to the city or county in which your business is physically located. If your place of business is situated in more than one locality (i.e., crosses county or city lines), enter all localities within which the business is partially located.

- e. Enter the street address of this location's **physical** location, not a post office box. If the address is a rural route, the box number must be included.

- f. Enter the mailing address of this location if it is different from the business address shown on Line e, above.

**Line 6 Contact Information** - Enter the name, title, and daytime phone number of the contact person for Retail Sales Tax return information, if different from your Primary Contact on Page 1, Line 8. This is an individual authorized to discuss tax matters on behalf of the business.

**B Retail Sales and Use (Out-of-State Dealers)**

Retail Sales and Use Tax is imposed on the total gross receipts from retail sales or leases of tangible personal property and/or taxable services occurring outside Virginia and delivered for use, consumption or storage in Virginia. The use tax also applies to purchases, leases or rentals made in Virginia if the sales tax was not paid at the time of purchase, lease or rental.

**Line 1 Date You Became Liable** - Enter the date or anticipated date of the first retail sale.

**Line 2 Seasonal Business** - Check those months that your business will be open any part of the month. Even if your business is open for only one day in a month, that month should be marked.

**Line 3 Mailing Address** - Enter the mailing address of your business if different from the one shown on Page 1.

**Line 4 Contact Information** - Enter the name, title, and daytime phone number of the contact person for Use Tax return information, if different from your Primary Contact on Page 1, Line 8. This is an individual authorized to discuss tax matters on behalf of the business.

**C Vending Machine Sales Tax**

The Vending Machine Sales Tax is paid by dealers placing vending machines through which they sell tangible personal property.

**Line 1 Existing Accounts** - If an existing account, enter your Virginia Account Number.

**Line 2 Date You Became Liable** - Enter the date or anticipated date of the first retail sale.

**Line 3 City or County** - For each locality in which you will be operating a vending machine, enter the city or county name and its Locality Code. When listing the County/City be sure to indicate whether it is a city or county (CO). There are several names in Virginia that are shared by a city/town and a county; Richmond, for example. The Locality Code list is located at the back of these instructions. If there are more than 6 locations, attach additional pages.

**Line 4 Mailing Address** - Enter the mailing address of your business if different from the one shown on Page 1.

**Line 5 Contact Information** - Enter the name, title, and daytime phone number of the contact person for Vending Machine Sales Tax return information, if different from your Primary Contact on Page 1, Line 8. This is an individual authorized to discuss tax matters on behalf of the business.

**D Other Sales and Use Tax**

**Line 1 Tax Types and Date you became liable** - Indicate the tax type and date you became liable for the other sales and use taxes listed.

**Consumer Use Tax** - Personal property used, consumed or stored in Virginia but purchased outside the state that would have been subject to retail sales tax if purchased in the state. The tax also applies to purchases, leases or rentals made in Virginia if the sales tax was not paid at the time of purchase, lease or rental.

**Watercraft Sales & Use Tax** - This tax is imposed upon the purchaser of any watercraft sold in Virginia and upon the user of any watercraft not sold in Virginia if required to be titled with the Department of Game and Inland Fisheries for use in Virginia.

**Digital Media Fee** - This fee is levied on in-room purchases or rentals of digital media in hotels, motels, bed and breakfast establishments, inns, and other facilities offering guest rooms rented out for continuous occupancy for fewer than 90 consecutive days.

**Tire Recycling Fee** - This fee is levied on each new tire sold at retail in Virginia.

**Dealer's Aircraft Sales and Use Tax** - This tax is paid by the aircraft dealer upon the gross receipts derived from the rental or lease of aircraft in Virginia. To qualify for the dealer exclusion under the Virginia Aircraft Sales and Use Tax Act (or Va. Code § 58.1-1500 et seq.), the dealer must own five or more aircraft during the calendar year.

Enter the number of aircraft owned during the preceding calendar year and the Virginia commercial fleet aircraft license number assigned by the Virginia Department of Aviation.

**Line 2 Seasonal Business** - Check those months that your business will be open any part of the month. Even if your business is open for only one day in a month, that month should be marked.

**Line 3 Mailing Address** - Enter the mailing address of your business if different from the one shown on Page 1.

**Line 4 Contact Information** - Enter the name, title, and daytime phone number of the contact person for the tax(es) that you are registering, if different from your Primary Contact on Page 1, Line 8. This is an individual authorized to discuss tax matters on behalf of the business.

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**Section VI - Communications Tax**

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All communications service providers are required to collect a communications sales tax from customers to whom they provide taxable communications services. In addition, providers must collect a landline E-911 tax from landline telephone service customers and a cable television public rights-of-way use fee from cable television customers. These taxes and fees must be remitted to the Department. If you are providing taxable communications services, as described below, you must complete this section to register for a communications tax account.

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; Other communications services.

**Line 1 Date You Became Liable** - Enter the date you began providing communications services or expect to begin providing services.

**Line 2 Mailing Address** - Enter the mailing address of your business if different from the one shown on Page 1.

**Line 3 Contact Information** - Enter the name, title, and daytime phone number of the contact person for your Communications Tax, if different from your Primary Contact on Page 1, Line 8. This is an individual authorized to discuss tax matters on behalf of the business.

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**Section VII - Litter Tax**

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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.

**Line 1 Existing Accounts** - Enter your Virginia Tax Account Number.

**Line 2 Date You Became Liable** - Enter the date the business became liable for paying litter tax.

**Line 3 Number of business locations** - Enter the number of business locations you operate that are subject to litter tax.

- Line 4 Mailing Address** - Enter the mailing address of your business if different from the one shown on Page 1.
- Line 5 Contact Information** - Enter the name, title, and daytime phone number of the contact person for your Litter Tax, if different from your Primary Contact on Page 1, Line 8. This is an individual authorized to discuss tax matters on behalf of the business.

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**Section VIII - Commodity and Excise Taxes**

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- Line 1 Tax Type** - Check the box next to each tax for which you need to register and enter the beginning date of the tax liability. This may be a past date if you are already in business but have not yet registered for the tax. Do not check taxes for which you are already registered.

**Corn Assessment** - This assessment is levied on corn produced in Virginia for sale. The handler (including any farmer who sells his or her corn out of state) is responsible for payment of the assessment. It is deducted from payments to farmers for corn purchased.

**Cotton Assessment** - This assessment is levied on any cotton sold in Virginia. The handler is responsible for deducting the assessment from payments for cotton purchased from the owner. For purposes of this tax, handler means a commercial enterprise that gins cotton.

**Egg Excise Tax** - This tax is levied on shell eggs and egg products sold or consumed in Virginia. The handler of such eggs is responsible for collecting and remitting the tax. Generally, the last handler who sells eggs to a Virginia retailer or food service establishment is liable for the tax.

**Forest Products Tax** - This tax is levied on every person in Virginia engaging in the business of manufacturing, shipping or severing timber or any other forest products from the soil for sale, profit or commercial use.

**Peanut Excise Tax** - This tax is levied on peanuts grown and sold in Virginia for processing. The processor is liable for the payment of the tax on all peanuts such processor purchases.

**Soybean Assessment** - The first buyer (who pays the producer, country elevator, terminal, processor, seeds man, trucker, or extruder) is responsible for collecting a soybean assessment from the

producer. First-buyers will be required to collect on all soybeans purchased (provisions are in place to identify soybeans checked-off at a previous sale point) regardless of the state of origin.

**Small Grains Assessment** - This assessment is levied on all sales of wheat, barley, rye and oats produced in Virginia. The handler of small grains who purchases such grains produced in Virginia should deduct from payments made to the farmer the amount of the assessment and remit this amount to the Department of Taxation. The term "handler" includes any farmer who transports and sells his own grain out of state.

**Soft Drink Excise Tax** - This tax is levied on every wholesaler or distributor of carbonated soft drinks in Virginia.

**Sheep Assessment** - This assessment is levied on sheep and lambs sold in Virginia. The handler is responsible for payment of tax on all sheep and lambs. The assessment must be deducted by the handlers from payments to owners of the sheep and lambs.

- Line 2 Mailing Address** - Enter the mailing address of your business if different from the one shown on Page 1.
- Line 3 Contact Information** - Enter the name, title, and daytime phone number of the contact person for the tax(es) that you are registering, if different from your Primary Contact on Page 1, Line 8. This is an individual authorized to discuss tax matters on behalf of the business.

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**Section IX - Signature**

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**This section must be completed.**

An authorized officer of the organization must sign this form. The proprietor must sign for a sole proprietorship.

**Signature** - Sign the form, indicating that all the information provided on the application is true and correct.

**Title** - Print the title of the person who signed the form.

**Print Name** - Print the name of the person who signed the form.

**Date** - Enter the date (MM/DD/YY).

**Daytime Phone Number** - Enter a daytime phone number.

## Locality (FIPS) Codes and Descriptions

Counties	Counties	Cities
Accomack.....51001	King George.....51099	Alexandria.....51510
Albemarle.....51003	King William.....51101	Bedford (City).....51515
Alleghany.....51005	Lancaster.....51103	Bristol.....51520
Amelia.....51007	Lee.....51105	Buena Vista.....51530
Amherst.....51009	Loudoun.....51107	Charlottesville.....51540
Appomattox.....51011	Louisa.....51109	Chesapeake.....51550
Arlington.....51013	Lunenburg.....51111	Colonial Heights.....51570
Augusta.....51015	Madison.....51113	Covington.....51580
Bath.....51017	Mathews.....51115	Danville.....51590
Bedford (County).....51019	Mecklenburg.....51117	Emporia.....51595
Bland.....51021	Middlesex.....51119	Fairfax (City).....51600
Botetourt.....51023	Montgomery.....51121	Falls Church.....51610
Brunswick.....51025	Nelson.....51125	Franklin (City).....51620
Buchanan.....51027	New Kent.....51127	Fredericksburg.....51630
Buckingham.....51029	Northampton.....51131	Galax.....51640
Campbell.....51031	Northumberland.....51133	Hampton.....51650
Caroline.....51033	Nottoway.....51135	Harrisonburg.....51660
Carroll.....51035	Orange.....51137	Hopewell.....51670
Charles City.....51036	Page.....51139	Lexington.....51678
Charlotte.....51037	Patrick.....51141	Lynchburg.....51680
Chesterfield.....51041	Pittsylvania.....51143	Manassas.....51683
Clarke.....51043	Powhatan.....51145	Manassas Park.....51685
Craig.....51045	Prince Edward.....51147	Martinsville.....51690
Culpeper.....51047	Prince George.....51149	Newport News.....51700
Cumberland.....51049	Prince William.....51153	Norfolk.....51710
Dickenson.....51051	Pulaski.....51155	Norton.....51720
Dinwiddie.....51053	Rappahannock.....51157	Petersburg.....51730
Essex.....51057	Richmond (County).....51159	Poquoson.....51735
Fairfax (County).....51059	Roanoke (County).....51161	Portsmouth.....51740
Fauquier.....51061	Rockbridge.....51163	Radford.....51750
Floyd.....51063	Rockingham.....51165	Richmond (City).....51760
Fluvanna.....51065	Russell.....51167	Roanoke (City).....51770
Franklin (County).....51067	Scott.....51169	Salem.....51775
Frederick.....51069	Shenandoah.....51171	Staunton.....51790
Giles.....51071	Smyth.....51173	Suffolk.....51800
Gloucester.....51073	Southampton.....51175	Virginia Beach.....51810
Goochland.....51075	Spotsylvania.....51177	Waynesboro.....51820
Grayson.....51077	Stafford.....51179	Williamsburg.....51830
Greene.....51079	Surry.....51181	Winchester.....51840
Greensville.....51081	Sussex.....51183	
Halifax.....51083	Tazewell.....51185	
Hanover.....51085	Warren.....51187	
Henrico.....51087	Washington.....51191	
Henry.....51089	Westmoreland.....51193	
Highland.....51091	Wise.....51195	
Isle Of Wight.....51093	Wythe.....51197	
James City.....51095	York.....51199	
King And Queen.....51097		