



Please type or print clearly. When finished, mail to the address below.

OWNERSHIP NAME		OWNERSHIP TYPE <i>(corporation, partnership, etc.)</i>
DBA		BUSINESS TELEPHONE ()
CALIFORNIA BUSINESS ADDRESS <i>(street, city, state, zip code) [do not list PO Box or mailing service]</i>		
MAILING ADDRESS <i>(street, city, state, zip code) [if different from business address]</i>		
NAME OF PRIMARY CONTACT	TITLE	DAYTIME TELEPHONE ()
SIGNATURE		DATE
PARTNER NAME	PARTNER NAME	PARTNER NAME
OFFICER NAME AND TITLE	OFFICER NAME AND TITLE	OFFICER NAME AND TITLE
BUSINESS WEBSITE ADDRESS		BUSINESS EMAIL ADDRESS
NATURE OF BUSINESS		START DATE OF BUSINESS <i>(month, day, and year)</i>

Mail to:

State Board of Equalization
 Tax Source Group MIC:007
 PO Box 942879
 Sacramento, CA 94279-0007

FOR BOE USE ONLY	
AREA CODE	ACCOUNT NUMBER