



**CITY OF ANNISTON**  
**TAX ACCOUNT REGISTRATION FORM**  
**Confidential**

P O Box 935145  
 Atlanta, GA 31193-5145  
 256.383.1224

FOR OFFICE USE ONLY
ACCOUNT # _____

The City of Anniston respectfully requests that you complete and mail this form to the above PO BOX address. You may also email the completed form to [anniston@hdlgov.com](mailto:anniston@hdlgov.com). The information supplied on this form will be used to complete the tax registration process with the City of Anniston. If you have any questions, call (256) 383-1224 or email [anniston@hdlgov.com](mailto:anniston@hdlgov.com).

**BUSINESS INFORMATION**

Federal ID Number \_\_\_\_\_ NAICS (5 digit) \_\_\_\_\_ State of Alabama Tax Account Number \_\_\_\_\_ Business Start Date in Anniston \_\_\_\_\_

Is this business:  In City  In Police Jurisdiction  In-State/Out of City  Out of State  Private Residence

Taxpayer Name (Corporate Name or Sole Proprietor Name) \_\_\_\_\_

Trade Name ("Doing Business As") \_\_\_\_\_

Business Physical Address \_\_\_\_\_  
Street and Suite City State Zip

Business Mailing Address \_\_\_\_\_  
Street and Suite City State Zip

Business Phone No. \_\_\_\_\_ Web Site Address \_\_\_\_\_

Contact Name/Title \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Please check all that apply:

- Sales / Solicitation of business in Anniston
- Deliveries made into Anniston by company owned or leased vehicles
- Deliveries made via common carrier or US Postal Service
- Repairs, maintenance, construction or installation services performed in Anniston
- Personal property leased in Anniston
- Business location in Anniston
- Isolated transactions in Anniston requiring tax remittance

Main Product or Service (please be specific) \_\_\_\_\_

**TYPE OF OWNERSHIP**  Sole Proprietor  Partnership  LLC/LLP/LLLP  Corporation  Other \_\_\_\_\_

Name the **person, officer or member** responsible for payment of taxes, reporting and/or receiving confidential tax information.

Authorized Tax Official \_\_\_\_\_ Title \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_ Driver's License (State/Number) \_\_\_\_\_

**TAX FILING INFORMATION**

<b>Filing Frequency</b>		
(We <b>DO NOT</b> offer an Occasional Filing Status. You must choose a status below.)		
<input type="checkbox"/> Monthly	<input type="checkbox"/> Annual	<input type="checkbox"/> Quarterly

<b>Tax Type</b>				
<input type="checkbox"/> Sales	<input type="checkbox"/> Sellers Use	<input type="checkbox"/> Rental	<input type="checkbox"/> Lodging	<input type="checkbox"/> Consumers Use

**Tax Filing Method:**

- File Return and Payment **ELECTRONICALLY** for **Sales, Use, Rental, Lodging** tax. (If you file electronically with the State of Alabama, then you will continue to file and remit electronically via the State of Alabama My Alabama Taxes (MAT/One Spot) filing system located at <https://myalabamataxes.alabama.gov>).

**AUTHORIZATION TO SUBMIT TAX ACCOUNT REGISTRATION**

\_\_\_\_\_  
 Date Printed Name Signature Title  
 By signing this form, you authorize release of confidential tax information to individuals named on this form.