

Welcome to Streamlined Sales Tax Registration

Identify your business

Enter your 9 digit Federal Identification number or Social Security.

Federal identification number



Social Security Number



Back

Continue

Sales tax Streamlined

Business tax information

Legal name*

Business name

(if different than legal name)

Business address

Address*

Apt or Suite

City*

State* Zip*

Check if foreign country

Provide mailing address (if different than above)

Mailing address

Apt or Suite

City

State Zip

Check if foreign country

State of Incorporation or organization*

This is the person we will contact with questions regarding your registration, filings, and payments.

Contact name*

Contact phone *

Contact e-mail*

Enter the NAICS code that best describes your primary source of business. [Look up your code](#) on the U.S.

Census Bureau's website.

NAICS Code *

Sales tax Streamlined Technology model

Which technology model for reporting and paying
are you registering for?

Model 1

CSP Number

Model 2

CAS Number

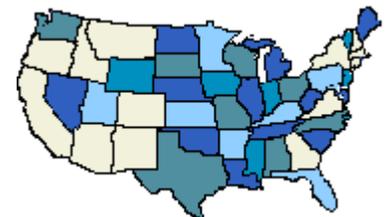
Model 3

Certified system

None

[Back](#)

[Continue](#)



Sales tax streamlined Registration status

Eligible to volunteer
for Sales tax Streamline

Already registered
in this state

Need to register
in this state

- Michigan
- Minnesota
- Missouri
- Nebraska

-
-
-
-

-
-
-
-

-
-
-
-

[Back](#)

[Continue](#)

Sales tax streamlined Registration confirmation

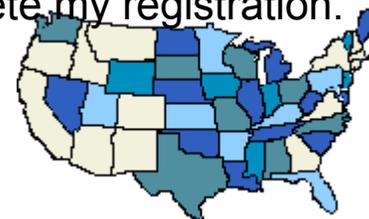
Below is your SSTP ID number. Please retain this number for all future filing, paying and registration interactions.

SSTP ID number

You indicated you need to register for the following states which have a traditional online registration process available. Please select which states you would like to register for at this time.

- Minnesota
- North Dakota
- South Dakota
- South Carolina

- I will contact the individual states to complete my registration.



Traditional Registration

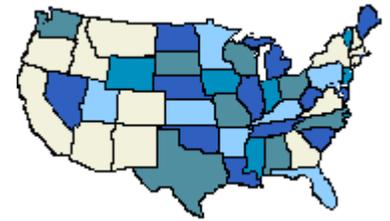
Legal organization

What type of [legal organization](#) are you?

- Association
- Bank
- C-Corporation
- Cooperative
- Estate or Trust
- Government – Federal
- Government - Other
- General partnership
- Insurance company
- Limited liability company
- Limited liability partnership
- Limited partnership
- Nonprofit
- Nonprofit corporation
- Nonprofit organization
- Partnership / joint venture
- Real estate investment trust
- Sole proprietor
- Other

Back

Continue



Traditional registration

Business tax information

Legal name * Paul Computer repair

Business name

(if different than legal name)

Business address

Check if foreign country

Address*

Apt or Suite

City*

State *

Zip*

Provide mailing address (if different than above)

Check if foreign country

Mailing address

Apt or Suite

City

State

Zip

Phone *

Fax

E-mail*

This is the person we will contact with questions regarding your registration, filings, and payments.

Contact name*

Contact phone*

Contact fax

Contact e-mail*

Contact address

Apt / Suite

City

State

Zip

Check if foreign address

Enter the NAICS code that best describes your primary source of business. [Look up your code](#) on the U.S. Census Bureau's website.

NAICS Code*

Sales tax streamline

Sales and use tax information

What is your estimated monthly taxable sales and/or purchases?

Sales tax begin date

| | | |
|----------------|----------------------|---|
| Minnesota | <input type="text"/> | * |
| North Dakota | <input type="text"/> | * |
| South Dakota | <input type="text"/> | * |
| South Carolina | <input type="text"/> | * |

| | |
|----------------------|---|
| <input type="text"/> | * |

Do you make taxable sales for more than one physical location in any of the states you are registering for?

- Yes
- No

Select the states where you have more than one physical location.

- Minnesota
- North Dakota
- South Dakota
- South Carolina

Is this business open all year?

- Yes
- No

Select the months you are active for sales and/or use tax:

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

Traditional registration

Owner, officer, or personal representative information

Enter your owner, officer, or personal representative information

First name*

MI

Last name*

Officer address information

Check if a foreign address

Address*

Apt or Suite

City*

State*

Zip*

Phone*

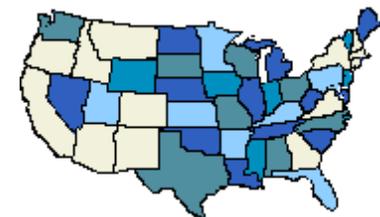
Fax*

E-mail*

SSN*

Title*

Additional officers



Back

Continue

Traditional registration

Sales tax location information

Minnesota

Please provide information for each of the physical locations you make taxable sales and/or purchases for in Minnesota.

Location name*

Location address

Address*

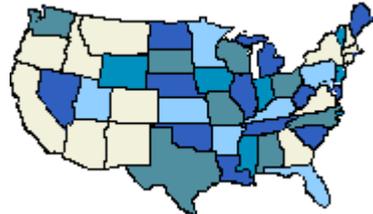
Apt or Suite

City*

State* Zip*

Do you have additional physical locations to register in Minnesota?

- Yes
- No



Traditional registration
Transaction confirmation

Below is your confirmation number. Please retain this number for your records.

Confirmation number

Links to individual states

[Back](#) [Continue](#)

