

## Hosting site

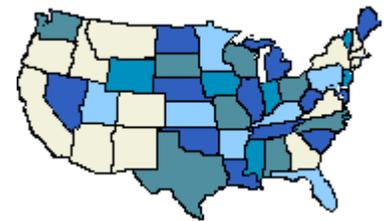
### Update your account

Which registration would you like to update?

- Sales tax streamline
- Traditional

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## Hosting site

### Sales tax streamline update

### Identify your business

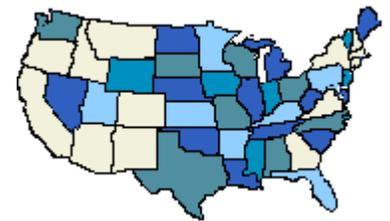
Please provide the following:

SSTP ID\*

Legal Name\*

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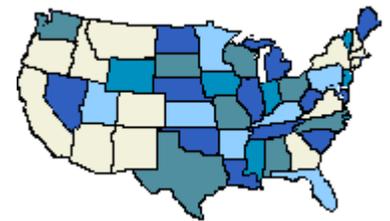
**Hosting site**  
**Sales tax streamline update**  
**Update main menu**

What would you like to update?

- Business address and contact information
- Registration status
- Technology model information
- Out of business

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# Sales tax Streamlined

## Business tax information

Legal name\*                      Display name here

Business name                        
(if different than legal name)

Business address                        
Address                        
Apt or Suite                        
City                     

State                                            Zip                     

Provide mailing address (if different than above)

Mailing address                        
Apt or Suite                        
City                        
State                                            Zip                     

Check if foreign country

Check if foreign country

End mailing address

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  
Registration status**

**Update the state with the change**

Eligible to volunteer  
for Sales tax Streamline

Already registered  
in this state

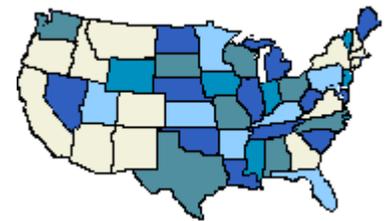
Need to register  
in this state

Michigan  
Minnesota  
Missouri  
Nebraska

Unvolunteer from streamlined project  
This information is sent to all participating states

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## Sales tax streamlined update

### Technology model information

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

Model 1  
CSP Number

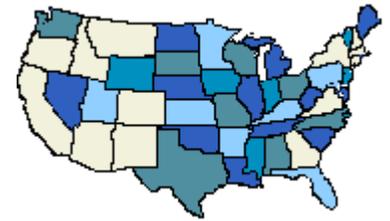
Model 2  
CAS Number

Model 3  
Certified system

None

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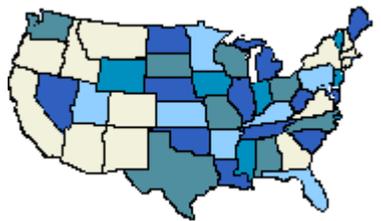


# Sales tax streamlined update

## Out of business

This information will be sent to all states.

Effective business end date\*



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## Traditional registration

### Identify business

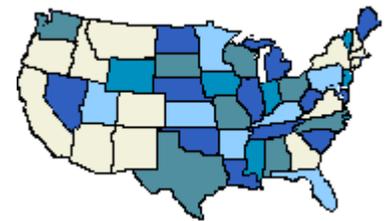
Please provide the following:

FEIN   
 SSN

Legal Name\*

What states do you want to notify of your update  
State ID

Alabama   
 Illinois   
 Iowa   
 Kansas



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## Traditional registration

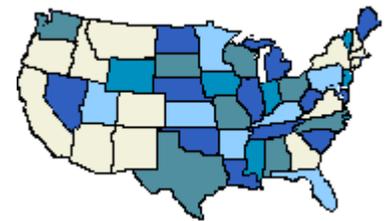
### Update your account

What would you like to update?

- Business address and contact information
- Officer information
- Out of business
- Add/End a location for an existing account

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**Traditional registration**

**Business tax information**

Legal name Paul Computer repair

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

End mailing address

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

## Traditional path

### Sales and use tax information

What is your estimated monthly taxable sales and/or purchases for the following states? \*

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:

- |                                   |                                |                                    |                                   |
|-----------------------------------|--------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> January  | <input type="checkbox"/> April | <input type="checkbox"/> July      | <input type="checkbox"/> October  |
| <input type="checkbox"/> February | <input type="checkbox"/> May   | <input type="checkbox"/> August    | <input type="checkbox"/> November |
| <input type="checkbox"/> March    | <input type="checkbox"/> June  | <input type="checkbox"/> September | <input type="checkbox"/> December |

Traditional registration

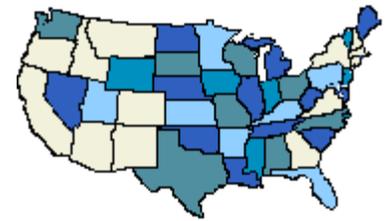
**Update Owner, officer, or personal representative information**

Indicate what action you need to take.

- Add new officer
- End existing relationship
- Update information on an existing officer

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## Traditional path

### Add 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\*

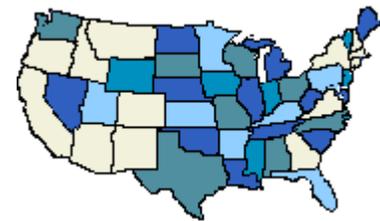
Fax

E-mail\*

SSN\*

Title\*

Additional officers



## Traditional path

### End Owner, officer, or personal representative information

First name\*

Last name\*

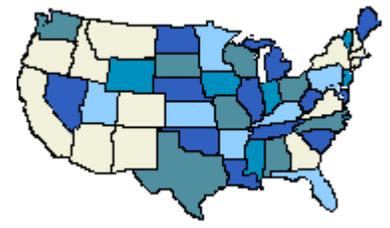
SSN\*

Effective date\*

Additional officers

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## Traditional path

### Change Owner, officer, or personal representative information

Enter your owner, officer, or personal representative information

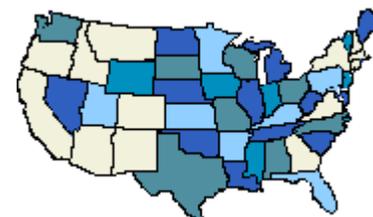
First name\* 
 MI 
 Last name\*

Officer address information
  Check if a foreign address

Address   
 Apt or Suite   
 City   
 State  Zip

Phone   
 Fax   
 E-mail   
 SSN\*   
 Title

Additional officers



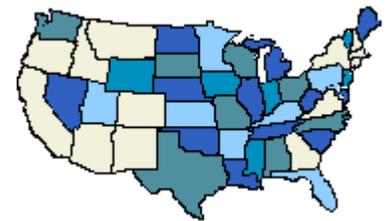
Traditional path - update  
**Out of business**

This information will be sent to all states selected during identification process.

Effective date\*

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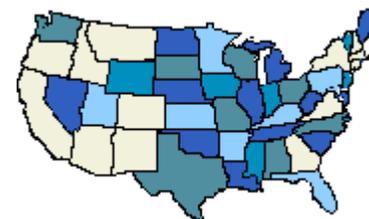
Traditional path

## Maintain locations

- Add location
- End location

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Traditional path

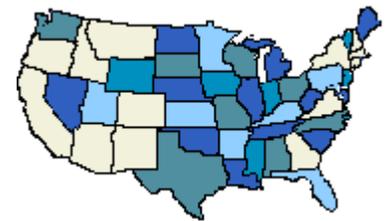
## Maintain locations

Which state do you want to update?

- Minnesota
- North Dakota
- Washington

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**Traditional registration**  
**Add location information**

Location name\*

**Location address**

Address\*

Apt or Suite

City\*

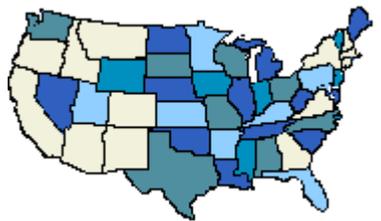
State\*  Zip\*

Effective date\*

Additional locations

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## Traditional registration

### End location

Location name\*

Location Identification code\*

### Location address

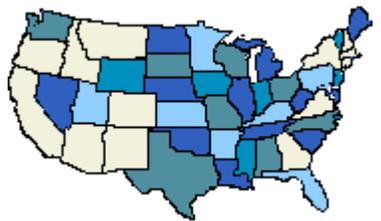
Address\*

Apt or Suite

City\*

State\*  Zip\*

Effective end date\*



## Traditional registration

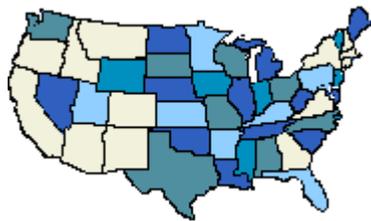
Thank you.

Please click main menu if you need to make additional updates to your account. Otherwise, click continue to receive your confirmation number.

[Main menu](#)

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[Continue](#)



Traditional registration

## Transaction confirmation

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

Confirmation number

### Links to individual states

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