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OREGON DEPARTMENT OF REVENUE

Oregon Emergency Communications Tax Registration for Oregon Business Identification Number (BIN)

FOR REVENUE USE ONLY
Date received
Business identification number (BIN)

Business name			Federal employer identification number (FEIN)
Physical address of business	City	State	ZIP code	County
Mailing address (if different from above)	City	State	ZIP code	Business telephone number ( )
Where are business records stored?	City	State	ZIP code	Fax number ( )

Type of organization

☐ Sole proprietor ☐ Partnership ☐ Corporation LLC — ☐ Organized as a sole proprietor ☐ Organized as partnership ☐ Organized as a corporation

☐ Other _____

Names of owner, partner, or corporation officers. Please print clearly (use additional sheets if necessary):

Name	Street address	City, state, ZIP code	Social Security number
Contact person		Telephone number ( )	Date business started

Nature of business

☐ Cellular telephone company ☐ Telecommunications utility ☐ Pre-paid wireless

☐ VOIP ☐ Other _____ (Describe)

At registration, I elect to pay the tax based on the following method. You cannot change this method unless you first obtain permission from the Oregon Department of Revenue (ORS 403.215):

☐ **Method 1—** Amount of tax collected during the quarter.

☐ **Method 2—** Net amount of tax billed during the quarter (gross amount billed less adjustments for uncollectible accounts, refunds, incorrect billings, and other appropriate adjustments).

This information will be used primarily by the Oregon Department of Revenue for identification and compliance purposes in the administration of the Emergency Communications Tax Program.

Under penalty of false swearing, I declare the information in this document and any attachments is true, correct, and complete.

Signature	Title	Date
X		

150-603-002 (Rev. 03-11)

Mail to: **Emergency Communications Tax**
Oregon Department of Revenue
PO Box 14110
Salem OR 97309-0910

Or fax to: **503-947-2255**