

BRANCH REGISTRATION APPLICATION

OREGON STATE BOARD OF TAX PRACTITIONERS

Phone: 503-378-4034 Fax: 503-378-3575 E-mail: tax.bd@state.or.us Website: www.oregon.gov/OTPB

Check type of registration NEW OR AMENDED

For a new Branch Registration you **must** include the tax business registration number:

New Branch You **must** include the Business Registration Number: _____

Amended Branch You **must** include the Branch Registration Number: _____

OFFICE USE ONLY ~ NEW Branch Registration Number _____

Exact Business Name Registered with the Board of Tax Practitioners:

Branch Office: _____

(Branch name **must** be the same as the main business registered with the Board of Tax Practitioners)

Phone:() _____ **Fax:** () _____ **E-Mail:** _____

***Please provide the Board of Tax Practitioners with your current e-mail address to assure receipt of Board information**

MAILING ADDRESS:

Street _____ City _____ State _____ Zip _____ County _____

PHYSICAL ADDRESS OF BRANCH OFFICE:

Street _____ City _____ State _____ Zip _____ County _____

PHYSICAL LOCATION OF MAIN OFFICE:

Street _____ City _____ State _____ Zip _____ County _____

Resident Consultant: (*Name) _____ Lic. # _____

This office is open: Tax season only Year-round

Signature of Designated Consultant _____ Lic. # _____ Date Signed _____

Signature of Owner/Representative (if different than D.C.) _____ Lic. # _____ Date Signed _____

IMPORTANT NOTE: OAR 800-025-0060 requires that a Branch Office(s) of a tax business be staffed by a Resident and Designated Consultant. A **Resident Consultant** must be present in the office at least **50%** of the time that the office is open to the public for tax preparation. For more information, refer to the OAR located on the agency's website at <http://www.oregon.gov/OTPB/Forms.shtml>.

PAYMENTS: **MAIL PAYMENT TO:** **STATE BOARD OF TAX PRACTITIONERS** **Branch Registration Fee**
UNIT 07
PO BOX 4395 (\$20) \$ _____
OR **PORTLAND, OR 97208**
FAX PAYMENT TO: **(503) 378-3575** (if paying by credit/debit card) **TOTAL FEES:** \$ _____

Credit/Debit Card Visa__ MC__ DC__ Number _____ Expires _____