

FORM **B-REG****BUSINESS REGISTRATION
APPLICATION****OREGON STATE BOARD OF TAX PRACTITIONERS**

Phone: 503-378-4034

Fax: 503-378-2757

E-mail: tax.bd@state.or.usWeb site: www.oregon.gov/OTPB

Check type of registration NEW OR AMENDED

For amended Business Registration you **must** include the tax business registration number:New _____ or Amended _____ If Amended Include Business Registration Number

Exact Business Name (Same as Registered with Corporations Division if Applicable) _____

Corporations Division Registry Number _____

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

If other than your personal name, have you registered the business name with the Oregon State Corporation Division?

 Yes NoBusiness Type (check one): Sole Proprietorship Partnership Corporation LLCDoes this business operate or plan to operate branch offices? Yes No***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 (IF DIFFERENT)

Street _____ City _____ State _____ Zip _____ County _____

Designated Consultant Name: _____ Lic. # _____

Resident Consultant Name: _____ Lic. # _____
(If different than D.C.)**OWNERSHIP INFORMATION****NOTE:** Primary owner will receive business registration renewal

Primary Owner: _____ Lic. # _____

Co-Owner: _____ Lic. # _____

Unlicensed Owner: If owner is unlicensed, you **must** include an Unlicensed Owner Application when submitting the Business Registration Application.Applications are located on the agency's Web site at: <http://www.oregon.gov/OTPB/Forms.shtml>**CORPORATION INFORMATION****NOTE:** If the business is a corporation or a division of a corporation, please list the following:President: _____
Name and Mailing AddressSecretary/ _____
Treasurer Name and Mailing Address

Parent Corporation Name (if different than assumed Bus. Name): _____

OREGON REPRESENTATIVE

If no owner or officer is located in Oregon, list the Oregon representative (manager):

Name/Mailing Address/Phone: _____

NOTE: State law requires that firms offering personal income tax return preparation services designate and report to the Tax Board the name of a person (referred to as a "Designated Consultant") who will be responsible for all tax return preparation activities of the firm. The firm **may not register or operate** without a Designated Consultant. If a Designated Consultant ceases to serve in that capacity, the Board must be notified in writing **immediately**.

TO BE COMPLETED BY DESIGNATED CONSULTANT *

NOTE: An individual may not serve as Designated Consultant for more than one firm without the approval of the Board of Tax Practitioners. ~ Refer to: OAR 800-025-0040(7) & (8).

I have agreed to serve as Designated Consultant for the tax return preparation business named in this document. As Designated Consultant, I understand that I am responsible for **ALL** tax return preparation activities and decisions of the firm. I understand I must comply with all Oregon Revised Statutes and Oregon Administrative Rules related to preparation of personal income tax returns.

Signature of Designated Consultant Date Signed

* Only an active Licensed Tax Consultant, an Oregon Certified Public Accountant or a Licensed Public Accountant may serve as a Designated Consultant.

TO BE COMPLETED BY OWNER/OFFICER/OREGON REPRESENTATIVE OF THE FIRM

As required by ORS 673.643, I hereby report that I have designated the above-named individual as the Designated Consultant for the business named in this document.

I (Print Name) _____ certify that the information provided in this application for Oregon State Board of Tax Practitioners Business Registration is complete and correct.

Signature of Owner/Officer/Oregon Representative Date Signed

FEES

- a) Combination **Tax Consultant** License/Business Registration *(\$155) \$ _____
- b) Initial Combination Tax Consultant License/Business Registration ** (\$125) \$ _____
- c) Combination **Tax Preparer** License/Business Registration *(\$155) \$ _____
- d) Business Registration Only (\$110) \$ _____

* Available only at time of issuance or **timely** renewal of license. **TOTAL FEES: \$ _____**

** Applicable only to LTPs with an active license for **initial** (first) LTC license.

NOTE

- Business Registration requirements must be complete **before** providing services to the public.
- Business Registrations must be posted in the place of business, in a location visible to the public.
- Business Registrations **expire annually on June 15th** for businesses owned by Licensed Tax Consultants or Unlicensed owners.
- Business Registrations **expire annually on October 15th** for businesses owned by Licensed Tax Preparers.
- Renewal notices are mailed out approximately 30 days prior to expiration.
- A Business Registration will be issued upon receipt of a completed Business Registration application or at the time of renewal.

PAYMENT

CHECK OR MONEY ORDER

Mail to:
**STATE BOARD OF TAX
PRACTITIONERS
UNIT 07
PO BOX 4395
PORTLAND, OR 97208**

CREDIT OR DEBIT CARD

Fax to: **(503) 378-2757**

OR Mail to: **3218 Pringle RD SE, Ste 120, Salem, OR 97302**

CREDIT / DEBIT CARD / VISA__ MC__ DC__

NUMBER: _____

EXPIRES: _____