

BUSINESS REGISTRATION APPLICATION

Do NOT email this form

For Office Use Only

Questions?



(503)378-4034

Email: tax.bd@oregon.gov

OREGON BOARD OF TAX PRACTITIONERS

3218 Pringle Rd SE, Ste 120, Salem OR 97302

Fax (503)585-5797

Website: www.oregon.gov/OBTP

1 **NEW** _____ ***RENEW B-** _____ ***AMENDED B-** _____

For renew and amended Business Registration you **must** include the tax business registration number.

EXACT BUSINESS NAME: _____

(Same as registered with Corporations Division, if applicable)

If other than your full legal name, have you registered the business name with the Oregon State Corporation Division? Yes No

Sec of State Corp. Div. Registry Number: _____

BUSINESS TYPE (Check One) Sole Proprietorship Partnership LLC Corporation

BRANCH OFFICES Does this business operate or plan to operate branch offices? Yes No

2 **MAILING ADDRESS**

Street: _____

City: _____ State: _____ Zip Code: _____ County: _____

PHYSICAL ADDRESS

Street: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone: _____ Fax: _____ E-Mail: _____

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

3 **DESIGNATED CONSULTANT** _____ OBTP #: _____

Signature of Designated Consultant: _____ Date Signed: _____

RESIDENT CONSULTANT _____ OBTP #: _____

(If Different than DC)
Signature of Resident Consultant: _____ Date Signed: _____

4 **OWNERSHIP INFORMATION** (Note: Primary owner will receive business registration renewal. If you are an unlicensed owner please attach Form U-App)

Primary Owner _____ OBTP #: _____

Co-Owner _____ OBTP #: _____

5 **CORPORATION INFORMATION** (Note: If the business is a corporation or a division of a corporation, please list the following)

President _____
Name and Mailing Address _____

Secretary/
Treasurer _____
Name and Mailing Address _____

Parent Corporation Name (If Different than Assumed Business Name) _____

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OREGON REPRESENTATIVE

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

Manager

Name

Mailing Address

Telephone

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**.

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To Be Completed By the 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) and (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 attorney, Oregon Certified Public Accountant or an Oregon Licensed Public Accountant may serve as a Designated Consultant. ORS 673.605-673.740

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To Be Completed By the 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/Rep _____ Date Signed _____

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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) \$ _____

TOTAL FEES \$ _____

*Available only at initial licensure or **timely** renewal of license.

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.

Questions? tax.bd@oregon.gov or 503-378-4034

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CHECK OR MONEY ORDER

Mail to:

STATE BOARD OF TAX PRACTITIONERS
3218 Pringle Rd SE, Ste 120
Salem OR 97302

CREDIT CARD PAYMENT

3218 Pringle Rd SE, Ste 120, Salem, OR 97302

or FAX (503) 585-5797 Exp: ____/____

NUMBER _____-_____-_____-_____

BILLING ADDRESS _____

BILLING ZIP CODE _____

