

COLORADO BUSINESS REGISTRATION

19

PLEASE PRESS FIRMLY AND PRINT CLEARLY - INSTRUCTIONS FOR THIS FORM ARE IN THE PUBLICATION CR 101

A - GENERAL INFORMATION	THE REVERSE SIDE OF THIS PAGE MUST BE COMPLETED	1. REASON FOR FILING THIS APPLICATION <input type="checkbox"/> Original Application <input type="checkbox"/> Change of Ownership Do you have a Dept of Revenue Account Number? <input type="checkbox"/> Yes <input type="checkbox"/> No IF Yes, Account # _____ Do you want this number assigned to new location? <input type="checkbox"/> Yes <input type="checkbox"/> No
	2. Indicate Type of Organization <input type="checkbox"/> Individual <input type="checkbox"/> Limited Liability Limited Partnership (LLLP) <input type="checkbox"/> General Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> 'S' Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Association <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Estate <input type="checkbox"/> Other Non-Profit <input type="checkbox"/> Government <input type="checkbox"/> Other _____ <input type="checkbox"/> Joint Venture <input type="checkbox"/> Trust <input type="checkbox"/> Non-profit 501 (C)(3) (Please enclose copy of the IRS letter of exemption.)	

DO NOT WRITE IN THIS SPACE

SIDE A

B - ORGANIZATION INFORMATION	1. Taxpayer Name (Owner, Partners or Corporate Name) (Last, First, Middle)			
	2a. Trade Name/Doing Business As (If Applicable)		2b. Federal Employer Identification Number (FEIN)	
	3a. Street Address of Principal Place of Business in Colorado	City	State	ZIP Code
	3b. County	If business is within limits of a city, what city?	Telephone ()	
	4a. In Care Of (C/O)	4b. Mailing Address (If Different From Above) (Include Unit #)		
	City	State	ZIP Code	Telephone ()
	5. Bank Name (If Available)	Bank Address	Bank Account Number	
	6. First Day of Payroll (Mo/Day/Yr)	Payroll Records Location (List Address)	Payroll Records Telephone ()	
	7. What products and/or services do you provide? (Complete Section "H")		Do you sell motor vehicle tires? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your business in a special taxing district? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you rent out items for 30 days or less? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	8a. Owner/Partner/Corp. Officer	Title	Social Security #	Federal Employer Identification Number (FEIN)
8b. Address (Residence or P.O. Box, Street, City, State, ZIP Code)			Telephone ()	
9a. Owner/Partner/Corp. Officer	Title	Social Security #	Federal Employer Identification Number (FEIN)	
9b. Address (Residence or P.O. Box, Street, City, State, ZIP Code)			Telephone ()	
If you acquired the business in whole or in part, complete the following:				
10a. Prior Taxpayer Name		Date of Acquisition	Prior Taxpayer UI Tax Account Number	
10b. Address		City	State ZIP Code	

C - SALES TAX	1. <input type="checkbox"/> If Seasonal, mark each business month.	<input type="checkbox"/> Jan. <input type="checkbox"/> Apr. <input type="checkbox"/> July <input type="checkbox"/> Oct. <input type="checkbox"/> Feb. <input type="checkbox"/> May <input type="checkbox"/> Aug. <input type="checkbox"/> Nov. <input type="checkbox"/> Mar. <input type="checkbox"/> June <input type="checkbox"/> Sept. <input type="checkbox"/> Dec.	Period Covered From To Mo / Yr Mo / Yr Mo / Yr Mo / Yr Mo / Yr Mo / Yr Mo / Yr Mo / Yr	E - FEES	
	2a. Filing Frequency: If sales tax collected is: <input type="checkbox"/> \$15.00/month or less - Annually <input type="checkbox"/> Under \$300/month - Quarterly <input type="checkbox"/> \$300/month or more - Monthly <input type="checkbox"/> Wholesale only - Annually	2b. First Day of Sales (Mo/Day/Yr)			(0280- Trade Name Registration (999) \$ 750) (0020- State Sales Tax Deposit (355) \$ 810) (0080- Sales Tax License (999) \$ 750) (0100- Wholesale License (999) \$ 750) (1000- Wage Withholding (999) \$ 750)
	3. Indicate which applies to you: <input type="checkbox"/> Wholesaler <input type="checkbox"/> Charitable <input type="checkbox"/> RTD (Mo/Day/Yr) _____ <input type="checkbox"/> Retail-Sales <input type="checkbox"/> CD <input type="checkbox"/> Event Location _____ <input type="checkbox"/> Retailers-Use <input type="checkbox"/> FD	<div style="border: 1px solid black; padding: 5px; width: fit-content;">Revenue Registration Account Number</div>			
	1. Filing Frequency: If wage withholding amount is <input type="checkbox"/> \$1 - \$6,999/Year - Quarterly <input type="checkbox"/> \$50,000+/Year - Weekly <input type="checkbox"/> \$7,000 - \$49,999/Year - Monthly Must file by Electronic Funds Transfer	2. Oil/Gas <input type="checkbox"/> Withholding			(1000- Wage Withholding (999) \$ 750) 0.00
Make check payable to Colo. Dept. of Revenue				TOTAL \$	

Both White Pages Must Be Returned.
I declare under penalty of perjury in the second degree that the statements made in this application are true and complete to the best of my knowledge.

SIGNATURE of Owner, Partner, or Corporate Officer Required _____ Title _____ Date _____

OFFICE USE ONLY					
Account Type _____	Sic _____	Org _____	LC _____	LD _____	
QD _____	SC _____	IA _____	Sig <input type="checkbox"/> N	TR-1 _____	Date _____ Tech Sig _____

(continue on reverse side of this page.)

1. Has the taxpayer paid any individual that is considered contract or subcontract labor? Yes No
 a. If Yes, describe the occupation(s) _____
2. Does the business activity consist of employee leasing or management of other businesses? Yes No N/A
3. If the taxpayer is a corporation, are any officers who perform services in Colorado paid wages? Yes No N/A
 NOTE: Taxable wages include payments to corporate officers and "dividends" paid in lieu of wages to an officer who performs services for a S corporation. Yes No N/A
4. If the taxpayer is an individual (sole proprietorship), does he/she have any employees other than the individual, his/her spouse, and his/her children under the age of 21? Yes No N/A
5. If the taxpayer is a partnership or any type of limited liability organization, does it have anyone performing services other than the partners or members of the limited liability organization? Yes No N/A
6. Has the taxpayer ever paid or expects to pay wages in the state of Colorado?
 If the answer is No, do not complete the remainder of section G. **BE SURE TO SIGN IN SECTION F.**
 If Yes, on what date? _____

- 7a. Employers are required to provide unemployment insurance coverage if they meet the following requirements. Please check the appropriate box and complete 7b.
- Business Employer.**
A commercial, industrial, or professional organization that pays one or more workers a total of \$1,500 gross wages in a calendar quarter (Jan.-Mar., April-June, July-Sept., Oct.-Dec.) or employs one or more workers in each of any 20 different calendar weeks in a calendar year.
 - Agricultural Workers.**
An agricultural employer who pays one or more employees a total of \$20,000 gross wages in a calendar quarter (Jan.-Mar., April-June, July-Sept., Oct.-Dec.) or has ten or more employees in each of any 20 calendar weeks in a calendar year.
 - Household/Domestic Workers.**
A household/domestic employer who pays one or more employees a total of \$1,000 gross wages in a calendar quarter (Jan.-Mar., April-June, July-Sept., Oct.-Dec.).
 - 501(c)(3) Nonprofit Organization.**
A 501(c)(3) nonprofit organization that has four or more employees in each of 20 weeks in a calendar year.
- 7b. Enter date the taxpayer did or will meet the above requirement?
- | | | |
|--|----|--|
| Enter total gross wages paid in the most recently completed calendar quarter | \$ | |
| Enter current number of employees | | |

1. Check the description that best describes the taxpayer's business activity in Colorado and explain in detail in box 2 below.
- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Agricultural (List Crops, Animals, & Services Provided) <input type="checkbox"/> Mining (List Product Extracted or Service Performed) <input type="checkbox"/> Utilities (List Type and Explain Services Performed) <input type="checkbox"/> Construction (Explain in Detail in Box 2 Below) <ul style="list-style-type: none"> <input type="checkbox"/> Construction of Buildings (List Type of Building) <input type="checkbox"/> Heavy and Civil Engineering (Explain Below) <input type="checkbox"/> Subcontractor (List Specialty Trade Below and Whether Residential or Commercial Services) <input type="checkbox"/> Manufacturing & Assembly (List Products & Materials Used) <input type="checkbox"/> Wholesale Trade (List What Sold and to Whom) <input type="checkbox"/> Retail Trade (List What Sold and to Whom) <input type="checkbox"/> Transportation and Warehousing (List Type & Details) <input type="checkbox"/> Information (Publish, Broadcast, Telecomm, ISPs)(Explain) | <ul style="list-style-type: none"> <input type="checkbox"/> Finance & Insurance (Explain in Detail) <input type="checkbox"/> Real Estate and Rental and Leasing (Explain in Detail) <input type="checkbox"/> Professional and Technical Services (Explain in Detail) <input type="checkbox"/> Management of Companies & Enterprises (Explain) <input type="checkbox"/> Administrative and Waste Services (Explain in Detail) <input type="checkbox"/> Educational Services (Explain in Detail) <input type="checkbox"/> Health care and Social Assistance (Explain in Detail) <input type="checkbox"/> Arts, Entertainment and Recreation (Explain in Detail) <input type="checkbox"/> Accommodation and Food Services (Explain in Detail)
Restaurants (Full Service-Wait People Or Limited Service) <input type="checkbox"/> Other Services, except Public Admin. (Explain in Detail) <input type="checkbox"/> Public Administration (Explain in Detail) <input type="checkbox"/> Household/Domestic |
|--|---|

2. List **SPECIFIC** products or services and **EXPLAIN IN DETAIL**. If more than one activity, make **ONE** a **PREDOMINANT** percent. (e.g. 51-49%)

3. **Worksite Information** - Complete the following for each physical location in **COLORADO**. For each additional location, copy Section H and complete. **NOTE:** If the employee works from home, list the resident address.

Worksite Physical Address (COLORADO BUSINESS OR RESIDENCE ADDRESS) (Do NOT list P.O. Box or accountant address)				
Street	City	State	ZIP CODE	County
Average Number of Monthly Employees	Worksite Phone	Worksite Contact Person - Please Print		

**RETURN BOTH WHITE COPIES OF THE FORM TO COLORADO DEPARTMENT OF REVENUE.
DID YOU COMPLETE SIDE B OF COPY 1?**

FEE SCHEDULE

- **Trade name registration** for all types of business except corporations, all types of limited partnerships and limited liability companies. \$8.00
- **Wholesale, retail and multiple event license**
If first day of sales is:
 - January to June even-numbered years 2000, 2002, 2004 \$16.00
 - July to December even-numbered years 2000, 2002, 2004 \$12.00
 - January to June odd-numbered years 2001, 2003, 2005 \$8.00
 - July to December odd-numbered years 2001, 2003, 2005 \$4.00
- **Charitable license** \$8.00
- **Single event license** \$8.00
- **A deposit** is required on a retail sales tax license only. \$50.00

Fee Notes

- The deposit will be refunded automatically after a business has collected and paid \$50 in **STATE SALES TAXES**. **DO NOT** deduct the deposit on your sales tax return. The deposit is only required on a business first location.
- There is no charge for a multiple or single event license IF a business has a current wholesale or retail sales tax license.
- All licenses except the single event license are valid through December 31 of each odd-numbered year.

If you have questions regarding "Side 1" call the Department of Revenue, (303) 238-SERV(7378). If you have questions regarding "Side 2", call the Department of Labor and Employment 303-318-9100 (Denver-metro area) 1-800-480-8299 (outside Denver-metro area).

INSTRUCTIONS:

Mail White Copies To:

COLORADO DEPARTMENT OF REVENUE
Denver CO 80261-0013

For Walk In Service:

DENVER SERVICE CENTER
1375 Sherman St., Room 160
Denver CO 80261

GRAND JUNCTION SERVICE CENTER
222 S. Sixth St., Room 208
Grand Junction CO 81501

COLORADO SPRINGS SERVICE CENTER
4420 Austin Bluffs Pky.
Colorado Springs CO 80918

PUEBLO SERVICE CENTER
310 E. Abriendo Ave., Suite A4
Pueblo CO 81004-4226

FORT COLLINS REGIONAL SERVICE CENTER
1121 W. Prospect Rd., Bldg. D
Fort Collins, CO 80526

UNEMPLOYMENT INSURANCE

Any unemployment insurance payments should be made on a separate check, payable to Colorado State Treasurer.

Questions regarding unemployment insurance may be directed to:

Colorado Department of Labor and Employment
Unemployment Insurance Operations
P.O. Box 8789, Denver, CO 80201-8789
303-318-9100 (Denver-metro area)
1-800-480-8299 (outside Denver-metro area)

Visit Our Online Services: www.cdle.state.co.us

Visit the Colorado Department of Labor and Employment online eServices. From this site, eligible employers are able to perform some functions online:

- Register for an Unemployment Insurance Tax Account.
- File UI Tax Report for the Current Quarter.
- Submit UI Reports of Workers Wages.
- Change the UI Employer Business Address

LABOR MARKET INFORMATION

If you have any questions regarding Labor Market Information, please contact:

Colorado Department of Labor and Employment
Labor Market Information
1515 Arapahoe St., Tower 2, Suite 300
Denver, Colorado 80202
(303) 318-8866