



REGISTRATION FOR OREGON EMERGENCY COMMUNICATIONS TAX

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 ()
---	------	-------	----------	----------------------------------

Location of Business Records (if different from above)	City	State	ZIP Code	Fax Number ()
--	------	-------	----------	-------------------

Type of Organization

Sole Proprietor
 Partnership
 Corporation
 LLC
 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 ()
----------------	-------------------------

Nature of Business

Telecommunications Utility
 Cellular Telephone Company
 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):

- Amount of tax collected during the quarter. - Method 1
- Net amount of tax billed during the quarter (gross amount billed less adjustments). - Method 2

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.

I declare under the penalties for false swearing [ORS 305.990(4)] that I have examined this document and to the best of my knowledge it is true, correct, and complete.

Signature X	Title	Date
-----------------------	-------	------

Mail to: **EMERGENCY COMMUNICATIONS TAX
OREGON DEPARTMENT OF REVENUE
PO BOX 14110
SALEM OR 97309-0910**