

Effective Friday, August 14, this CR 0100 will only be used to register a Colorado Department of Revenue Sales Tax or Wage Withholding Tax account. If you need to apply for an Unemployment Insurance Account, please contact the Colorado Department of Labor and Employment. Their Web site is [www.coworkforce.com](http://www.coworkforce.com)

See next page for the CR 0100, Colorado Business Registration Form.

# COLORADO BUSINESS REGISTRATION

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

Department Use Only

<b>A - GENERAL INFORMATION</b>	<b>THE REVERSE SIDE OF THIS PAGE MUST BE COMPLETED</b>		<b>1. REASON FOR FILING THIS APPLICATION</b> <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		
	<b>2. Indicate Type of Organization</b> <input type="checkbox"/> Individual <input type="checkbox"/> Limited Liability Limited Partnership (LLLP) <input type="checkbox"/> General Partnership <input type="checkbox"/> Corporation 'S' Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Association <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Limited Liability Partnership (LLP)		<input type="checkbox"/> Estate <input type="checkbox"/> Other Non-Profit <input type="checkbox"/> Government <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other _____ <input type="checkbox"/> Trust <input type="checkbox"/> Non-profit 501 (C)(3) (Please enclose copy of the IRS letter of exemption.)		
<b>B - ORGANIZATION INFORMATION</b>	1a. Taxpayer Name (Owner, Partners or Corporate Name) (Last, First, Middle)		1b. Taxpayer ID Required (See page 3)		
	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 (    )			
<b>C - SALES TAX</b>	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	
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 <b>From To</b> Mo    Mo Yr    Yr		<b>E - FEES</b>	
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)  Revenue Registration Account Number (Dept. Use Only)		(0020- State Sales Tax Deposit (355) \$ (0080- Sales Tax License (999) \$ (0100- Wholesale License (999) \$ (1000- Wage Withholding (999) \$ <b>0.00</b> (0160- Charitable License (999) \$	
3. Indicate which applies to you: <input type="checkbox"/> Wholesaler <input type="checkbox"/> Charitable <input type="checkbox"/> RTD <input type="checkbox"/> Retail-Sales <input type="checkbox"/> CD <input type="checkbox"/> Retailers-Use <input type="checkbox"/> FD		2. Oil/Gas <input type="checkbox"/> Withholding		Make check payable to Colo. Dept. of Revenue <b>TOTAL \$ .</b>	
<b>D - WITHHOLDING</b>	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				
<b>F - SIGNATURE</b>	<b>Both White Pages Must Be Returned.</b> 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	
<b>OFFICE USE ONLY</b> Account Type _____    NAICS _____    Org _____    LC _____    LD _____ QD _____    SC _____    IA _____    Sig <input type="checkbox"/> N    TR-1 _____    Date _____    Tech Sig _____					

**G – UNEMPLOYMENT INSURANCE 303-318-9100 (Denver-metro area), 1-800-480-8299 toll-free**

1. Has the taxpayer paid any individual that is considered contract or subcontract labor? .....  Yes  No  N/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 an S corporation.
4. If the taxpayer is an individual (sole proprietorship), does he/she have any employees other than the individual, his or her spouse, and his or 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. Did the taxpayer acquire the business in whole or in part? .....  Yes  No  N/A  
If Yes, complete Form UITL-67, Business Acquisition Questionnaire.
7. Has the taxpayer ever paid or expect to pay wages in the state of Colorado? .....  Yes  No  N/A  
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? \_\_\_\_\_

- 8a. Employers are required to provide unemployment insurance coverage if they meet the following requirements. Please check the appropriate box and complete 8b.
- 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 performing services in the United States in each of 20 weeks in a calendar year.
- 8b. 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 .....

**H – LABOR MARKET INFORMATION (303) 318-8850**

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"> <li><input type="checkbox"/> <b>Agricultural</b> (List Crops, Animals, &amp; Services Provided)</li> <li><input type="checkbox"/> <b>Mining</b> (List Product Extracted or Service Performed)</li> <li><input type="checkbox"/> <b>Utilities</b> (List Type and Explain Services Performed)</li> <li><input type="checkbox"/> <b>Construction</b> (Explain in Detail in Box 2 Below)                             <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Construction of Buildings</b> (List Type of Building)</li> <li><input type="checkbox"/> <b>Heavy and Civil Engineering</b> (Explain Below)</li> <li><input type="checkbox"/> <b>Subcontractor</b> (List Specialty Trade Below and Whether Residential or Commercial Services)</li> </ul> </li> <li><input type="checkbox"/> <b>Manufacturing &amp; Assembly</b> (List Products &amp; Materials Used)</li> <li><input type="checkbox"/> <b>Wholesale Trade</b> (List What Sold and to Whom)</li> <li><input type="checkbox"/> <b>Retail Trade</b> (List What Sold and to Whom)</li> <li><input type="checkbox"/> <b>Transportation and Warehousing</b> (List Type &amp; Details)</li> <li><input type="checkbox"/> <b>Information</b> (Publish, Broadcast, Telecomm, ISPs)(Explain)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Finance &amp; Insurance</b> (Explain in Detail)</li> <li><input type="checkbox"/> <b>Real Estate and Rental and Leasing</b> (Explain in Detail)</li> <li><input type="checkbox"/> <b>Professional and Technical Services</b> (Explain in Detail)</li> <li><input type="checkbox"/> <b>Management of Companies &amp; Enterprises</b> (Explain)</li> <li><input type="checkbox"/> <b>Administrative and Waste Services</b> (Explain in Detail)</li> <li><input type="checkbox"/> <b>Educational Services</b> (Explain in Detail)</li> <li><input type="checkbox"/> <b>Health care and Social Assistance</b> (Explain in Detail)</li> <li><input type="checkbox"/> <b>Arts, Entertainment and Recreation</b> (Explain in Detail)</li> <li><input type="checkbox"/> <b>Accommodation and Food Services</b> (Explain in Detail) Restaurants (Full Service-Wait People Or Limited Service)</li> <li><input type="checkbox"/> <b>Other Services, except Public Admin.</b> (Explain in Detail)</li> <li><input type="checkbox"/> <b>Public Administration</b> (Explain in Detail)</li> <li><input type="checkbox"/> <b>Household/Domestic</b></li> </ul>
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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 ( <b>COLORADO BUSINESS OR RESIDENCE ADDRESS</b> ) (Do <b>NOT</b> 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:** Trade name registrations after May 30th, 2006 must be done with the Colorado Secretary of State.
- **Wholesale, retail and charitable license**  
 If first day of sales is:
 

January to June even-numbered years 2004, 2006, 2008 .....	\$16.00
July to December even-numbered years 2004, 2006, 2008 .....	\$12.00
January to June odd-numbered years 2005, 2007, 2009 .....	\$8.00
July to December odd-numbered years 2005, 2007, 2009 .....	\$4.00
- **Charitable license** ..... \$8.00
- **A deposit** is required on a retail sales tax license only. .... \$50.00

If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your banking account electronically.

*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.
- For single and multi event licenses complete the DR 0589 "Sales Tax Special Event Application."
- All licenses except the single event license are valid through December 31 of each odd-numbered year.

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

**INSTRUCTIONS:** This form consists of three copies; please complete the form, mail two copies of the completed form to the **Colorado Department of Revenue, Denver, CO 80261-0013**, and retain one copy for your records.

If you've downloaded this form from the Internet, please complete the form and make two photocopies of it. Mail the original form and one copy to the **Colorado Department of Revenue, Denver CO 80261-0013**; retain one photocopy of the completed form for your records.

**For walk-in service, please bring all 3 copies of the completed form to:**

- |   |  |
|---|--|
| DENVER SERVICE CENTER<br>1375 Sherman St.<br>Denver CO 80261                                    | GRAND JUNCTION SERVICE CENTER<br>222 S. Sixth St., Room 208<br>Grand Junction CO 81501 |
| COLORADO SPRINGS SERVICE CENTER<br>4420 Austin Bluffs Pky.<br>Colorado Springs CO 80918         | PUEBLO SERVICE CENTER<br>310 E. Abriendo Ave., Suite A4<br>Pueblo CO 81004-4226        |
| FORT COLLINS REGIONAL SERVICE CENTER<br>1121 W. Prospect Rd., Bldg. D<br>Fort Collins, CO 80526 |  |

**Taxpayer ID Requirements:**

All walk-in and mail-in business and individual applicants for a Business Registration, (sales/use tax or wage withholding) with the Colorado Department of Revenue must provide valid proof of identification at the time of application. Valid proof includes a legible copy of a Colorado Driver's License, Colorado Identification Card, United States Passport, Resident Alien Card (Indicating eligibility for employment), United State Naturalization papers, and/or Military Identification Card. If the applicant is from another state, a valid driver's license or other picture ID from that state is required.

**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.coworkforce.com/UIT/](http://www.coworkforce.com/UIT/)  
 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  
 633 17th St., Suite 600  
 Denver, CO 80202-3660  
 (303) 318-8850