



APPLICATION FOR PROFESSIONAL PRIVILEGE TAX BULK FILING

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. INCOMPLETE AND UNSIGNED APPLICATIONS WILL DELAY PROCESSING.

1. BUSINESS NAME AND EXACT LOCATION	2. BUSINESS MAILING ADDRESS
BUSINESS NAME	NAME (ENTER LEGAL NAME, IF DIFFERENT)
STREET OR HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER)	P.O. BOX, STREET, ROUTE, OR HIGHWAY
APARTMENT OR SUITE NUMBER (DO NOT ENTER P.O. BOX OR RURAL ROUTE NUMBER)	APARTMENT OR SUITE NUMBER
CITY STATE ZIP CODE	CITY STATE ZIP CODE
3. BUSINESS TELEPHONE NUMBER:	4. BUSINESS E-MAIL ADDRESS:
()	

5. ENTITY'S FEDERAL EMPLOYER'S IDENTIFICATION # -

6a. IS THIS ENTITY ALSO SUBJECT TO THE PROFESSIONAL PRIVILEGE TAX? YES NO

6b. IF 6a IS YES, WILL YOU SUBMIT THE COMPANY'S PAYMENT ON THE BULK FILE? YES NO

7. TENNESSEE SECRETARY OF STATE CONTROL NUMBER, IF APPLICABLE

8. TYPE OF OWNERSHIP (SELECT ONE):

LIMITED LIABILITY PARTNERSHIP LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY

PROFESSIONAL LIMITED LIABILITY COMPANY CORPORATION PROFESSIONAL CORPORATION

S CORPORATION NOT-FOR-PROFIT OTHER _____

9. CONTACTS

(1) NAME	TELEPHONE	EMAIL ADDRESS
(2) NAME	TELEPHONE	EMAIL ADDRESS
(3) NAME	TELEPHONE	EMAIL ADDRESS
(4) NAME	TELEPHONE	EMAIL ADDRESS

10. THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (THIS APPLICATION MUST BE SIGNED BY A RESPONSIBLE PARTY.)

SIGN HERE: _____
(DO NOT PRINT OR USE STAMP)

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Please submit this request via e-mail to revenue.support@tn.gov.