

**Louisiana Sales and Use Tax Commission for Remote Sellers Application**

Reason for Applying:

- \_\_\_\_\_ I am currently a Direct Marketer and qualify as a Remote Seller.
- \_\_\_\_\_ I am currently a Direct Marketer, but elect to file as a Remote Seller.  
My current Direct Marketer account number is \_\_\_\_\_
- \_\_\_\_\_ I have never registered as a Direct Marketer in Louisiana to remit sales tax.

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Please check all the items that apply to your company's business activities in Louisiana. If none of these items pertain to this business, select "None of the Above".

- \_\_\_\_\_ Maintains a place of business in Louisiana, such as an office, agency, warehouse, showroom, retail outlet, manufacturing plant, etc.
- \_\_\_\_\_ Has an employee or independent representative in Louisiana, or one that travels into Louisiana for any reason, including (but not limited to) installations, training, sales calls, etc., such as a salesman, sales representative, manufacturer's representative, contactor, agent, installer, repairmen, etc.
- \_\_\_\_\_ Delivers merchandise into Louisiana by company-owned vehicle, leased vehicle, or by any means other than common carrier or the U.S. Postal Service.
- \_\_\_\_\_ Leases or rents tangible personal property in Louisiana.
- \_\_\_\_\_ Contracted to make improvements to real property in Louisiana.
- \_\_\_\_\_ Holds title to any real property, or moveable property stored, used, or kept in Louisiana.
- \_\_\_\_\_ Corporation files as part of a Federal consolidated group for income tax purposes. If so, please attached a list of all corporation names filing within the consolidated return.
- \_\_\_\_\_ Partners with or is affiliated with another company in Louisiana.
- \_\_\_\_\_ Company meets other requirements to file sales or use taxes in Louisiana:
  - Company will or has met economic nexus thresholds (\$100,000 Gross Sales/200 or more transactions).
  - Company meets other filing requirements: \_\_\_\_\_
- \_\_\_\_\_ Have ever been registered with any other taxing authority or collector in Louisiana. If checked, provide who, when, etc.
- \_\_\_\_\_ *(Reserved for future use.)*
- \_\_\_\_\_ None of the above.

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Legal Name \_\_\_\_\_

Trade Name/DBA \_\_\_\_\_

Type of Organization     Sole Proprietor     Corporation     Nonprofit  
                                   Partnership         LLC         LLP         LP

If sole owner/proprietor:    Name: \_\_\_\_\_    Last 4-digits of SSN: \_\_\_\_\_  
Telephone Number:    \_\_\_\_\_    email: \_\_\_\_\_    xxx-xx-\_\_\_\_\_  
Address    \_\_\_\_\_    Telephone: \_\_\_\_\_  
                  City    \_\_\_\_\_    State    \_\_\_\_\_    Zip    \_\_\_\_\_

If corporation, LLC, LLP, LP or partnership: Name, title, social security number, home address and telephone number of officers, members, managers, or partners.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone \_\_\_\_\_  
Address: \_\_\_\_\_ Last 4-digits of SSN: \_\_\_\_\_  
                  City    \_\_\_\_\_    State    \_\_\_\_\_    Zip    \_\_\_\_\_    xxx-xx-\_\_\_\_\_  
Additional officers, members, managers, or partners: \_\_\_\_\_

Federal ID Number (if not sole proprietor) \_\_\_\_\_ NAICS Code \_\_\_\_\_

Date of Incorporation \_\_\_\_\_ State of Incorporation \_\_\_\_\_  
Physical Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Location of Accounting Records \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Contact Person** \_\_\_\_\_ Title \_\_\_\_\_  
Contact's Telephone Number \_\_\_\_\_ Contact's Email Address \_\_\_\_\_

**Agent for service of process** \_\_\_\_\_  
Telephone Number: (\_\_\_\_) \_\_\_\_\_  
Physical Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Website \_\_\_\_\_  
What tangible personal property or services are sold in Louisiana? \_\_\_\_\_  
\_\_\_\_\_

What type of sales are made into Louisiana?  
\_\_\_\_\_ Wholesale Sales \_\_\_\_\_ Retail Sales \_\_\_\_\_ Member Only Sales  
\_\_\_\_\_ Food/Beverage Sales \_\_\_\_\_ Firearm Sales \_\_\_\_\_ Tobacco Products  
\_\_\_\_\_ Other: \_\_\_\_\_

Description of business activity: \_\_\_\_\_  
\_\_\_\_\_

Are your sales derived from any other manner of marketing other than through your website? \_\_\_\_\_  
If yes, describe: \_\_\_\_\_  
Do you sell on another entity's website? \_\_\_\_\_  
If yes, list all other websites: \_\_\_\_\_

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**Application Authorization**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_