

Form **B-I**(Rev May 16, 2022)
Business Registration**Application for Business Registration**

For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

Complete By:

1 Company name of entity (or individual) for whom the EIN is being requested		State of Registration
2 DBA or trade name of business	5 Owners name	
3 Business Address (room, apt, suite, street, or PO BOX)	6a Owners Address	
4a City, State, and ZIP code	6b City, state, and ZIP code	
4b Phone Number	7 Owners SSN, ITIN or EIN	
8 County and state where principal business is located		

9 Type of entity (check only one box)

- | | |
|---|--|
| <input type="checkbox"/> Solo proprietor | <input type="checkbox"/> Partnership (how many partners are?) |
| <input type="checkbox"/> Limited Liability Company (how many members are?) | <input type="checkbox"/> Church or nonprofit organization |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Other: |

10 Do you have or plan to have any employee? How many?**11** Do you plan to pay with W2 or 1099 Misc?**12** Does the company sale any products online or retail?**13** Does the company need a especial license?
(Liquor, other):**14 Check one box that best describes the principal activity of your business**

- | | | | |
|---------------------------------------|--|---|------------------------------------|
| <input type="checkbox"/> Construction | <input type="checkbox"/> Rental & leasing | <input type="checkbox"/> Transportation | <input type="checkbox"/> Wholesale |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Cleaning services | <input type="checkbox"/> Restaurant or food service | <input type="checkbox"/> Other: |

15 What type of license do you want to apply for:

- | | | | |
|--|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> EIN (required) | <input type="checkbox"/> State ID (required) | <input type="checkbox"/> Trade Name | <input type="checkbox"/> City License |
| <input type="checkbox"/> Sales Tax (required if sale products) | <input type="checkbox"/> Wage withholding ID (with employees) | | |
| <input type="checkbox"/> Unemployment ID (with employee) | <input type="checkbox"/> Wholesale License | | |

Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided:

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize Punctual Payroll LLC to apply for all licenses required for my business.	Package Selected: <input type="checkbox"/> Basic <input type="checkbox"/> Corporate	<input type="checkbox"/> 24 Hours <input type="checkbox"/> Normal
Email:	Phone number:	
Signature:	Date:	