City of Van Buren A & P Commission

P. O. Box 1518, Van Buren, AR 72957 813 Main Street vanburen@vanburen.org (479) 474-6164 office phone (479) 474-5084 fax number

Van Buren A & P Commission Business Information Update Form

Please update the following information as it applies to your business. This form can be completed, printed, printed, and emailed, faxed or mailed to the mailing address, email address or fax number above.

1.							
	Name of Business (DBA)						
2.	Corporate Name or Partnership						
	Corporate Name or Partnership	o Name					
2							
٥.	Location – Street Address of B	P O Box)					
	Education Street Address of Dustiness (Not 1.0. Dox)						
4.							
	Location – Street Address of Business (if additional space is needed)						
5.	City	State	Zin Code	County			
	City	State	Zip Code	County			
6.	Business Location Phone Numb						
	Business Location Phone Numb	oer Ext					
7							
/.	Mailing Address (if different from Location Address)						
	,						
8.	Mailing Address (if additional space is needed)						
	rialling Address (II additional space is needed)						
9.							
	City	State	Zip Code	_			
10							
10.	Owner/Home Office Phone Nui	mhor Evt					
	Owner/Home Office Frione Nui	IIIDCI LXL					
11.							
	Federal ID						

12.			
First Name of Owner/Office	er or Partner	MI Last	
Title			
Mailing Address of Owner			
Mailing Address of Owner			
City	State	Zip Code	SSN
13 First Name of Owner/Office	er or Partner	MI	Last
Title		_	
Mailing Address of Owner			
Mailing Address of Owner			
City	State	Zip Code	SSN
4. Date you began your busi	ness?		
15			
Email address of owner .6.			
Name of Tax Preparer			
Address of Tax Preparer	· · · · · · · · · · · · · · · · · · ·		
Phone Number or Tax Prep	oarer		
Email of the Tax Preparer			

CHECK TYPE OF BUSINESS ENTITY: check one

	Corporation S Corporation Indivi	
18.	Date Incorporated? mm/dd/yyy	<u>/y</u>
19.	Did you purchase an established business	?
	If yes, former business Name	
20.	Are you leasing the property?	
Sig	nature:	
Dat	e:	
	DFFICE USE ONLY – DO NOT WRITE IN THIS SPACE	
	ED BY:	PREVIOUS ACCT:

Van Buren A & P Commission Business Information Update Form Instructions

GENERAL INSTRUCTIONS

Please **PRINT or TYPE** all information on this form in blue or black ink. Do not add additional blocks or change this form.

LINE-BY-LINE INSTRUCTIONS.

- Line 1. Insert the Name of your business as shown to the public.
- Line 2. Insert your corporate name if this business is a corporation, sub chapter S corporation, or LLC.
- Line 3. Insert street address where your business is **physically located**. Not your mailing address.
- Line 4. If your location address takes two lines, then use this line to complete your address.
- Line 5. Insert your city, state, zip code and county of your business location.
- Line 6. Insert the phone number of the store location listed above.
- Line 7. Insert the mailing address of the store location listed above.
- Line 8. Additional space if mailing address takes two lines.
- Line 9. Insert city, state, and zip code of your mailing address.
- Line 10. Insert Owner's home phone, if business is a sole proprietorship. Insert corporate (home office) phone if corporation.
- Line 11. Insert your federal ID number if your business has one. If your business does not have a federal ID number, then insert the owner's SSN. Corporations, legal, partnerships, LLCs and LLPs must have a Federal Identification Number before the number will be issued.
- Line 12. Insert the owner's name, title (President, Vice-President, etc), mailing address and SSN on these lines. If a corporation, insert corporate officer information. If a partnership, insert partner information. Round owner percentage off to nearest whole number. (All owners, partners and officers must be listed.)
- Line 13: Same as line 12
- Line 14: Insert the date you began your business. If the actual date is not known, then estimate a date that you began your business.

Line 15: Insert the primary email address of the owner of the business.

Line 16: Insert the information for the person or firm responsible for preparing the A&P tax forms, including the name of the person, the address, the phone number and email address of the tax preparer.

Line 17: Mark an "X" in the appropriate box.

Line 18: Insert the date your business was incorporated by the State of Arkansas. If your business is not a corporation, skip this line.

Line 19: Answer the question with either "Yes" or "No".

Line 20: Answer this question, "Yes" or "No"