

12. _____
First Name of Owner/Officer or Partner MI Last

Title

Mailing Address of Owner

Mailing Address of Owner

City State Zip Code SSN

13. _____
First Name of Owner/Officer or Partner MI Last

Title

Mailing Address of Owner

Mailing Address of Owner

City State Zip Code SSN

14. Date you began your business? _____

15. _____
Email address of owner

16. _____
Name of Tax Preparer

Address of Tax Preparer

Phone Number or Tax Preparer

Email of the Tax Preparer

CHECK TYPE OF BUSINESS ENTITY: check one

17. Corporation ___ S Corporation ___ Individual ___ Partnership ___
LLC ___ LLP ___

18. Date Incorporated? _____
mm/dd/yyyy

19. Did you purchase an established business? _____

If yes, former business Name

20. Are you leasing the property? _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

ACCT: _____

PREVIOUS ACCT: _____

ISSUED BY: _____

DATE: _____

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"
