



# FSM Customs & Tax Administration

## BUSINESS REGISTRATION FORM

Date of Business Registration \_\_\_\_\_

**Instructions:** It is required that we maintain full knowledge of all businesses who are legally operating in the FSM. The information you provide herein will be used to keep us informed of your business operations. Kindly fill all blanks provided and sign this sheet. The information you provide will be used in creating a tax roll/registry for our Nation.

- 1. Full Name: \_\_\_\_\_
- 2. Business Name: \_\_\_\_\_ License/SSID#/TIN \_\_\_\_\_
- 3. Business Address: \_\_\_\_\_
- Phone # \_\_\_\_\_ email address \_\_\_\_\_
- 4. Business Type: Corporation Cooperative Partnership Sole Proprietorship
- 5. Business Activity (specify if merchandising, professional service, construction, etc): \_\_\_\_\_
- 6. Business operates at (mark all locations that apply : Y C P K if Others \_\_\_\_\_

**Note:** If your Business Gross Earnings include earnings from outside of FSM, it is required by Title 54:§142 that the tax is assessed on the gross amount. A business may file on a form prescribed by the Secretary for an apportionment not earned from within FSM for tax exemption.

- 7. Business Ownership (enter percentage): \_\_\_\_\_ Local \_\_\_\_\_ Foreign
- 8. Business Size (enter estimated value of your business): \_\_\_\_\_
- 9. Number of employees: \_\_\_\_\_ Local \_\_\_\_\_ Expatriates
- 10. Date Business Established: \_\_\_\_\_ Name used (if different now) \_\_\_\_\_
- 11. Banking information (enter names of Banks and Addresses)
- Bank Name/Address \_\_\_\_\_
- Bank Name/Address \_\_\_\_\_
- Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### FSM CTA Official Section

_____ Date of Registration/Review	<input type="checkbox"/> Recommend
_____ CTA Official	<input type="checkbox"/> Not Recommend