neumo
Previously Avenu Insights & Analytics

NEW ACCOUNT REGISTRATION FORM
ALL FIELDS MUST BE COMPLETED
Application must be signed by Applicant
One Application per Physical Location per Municipality

Neumo Account No. _____
Name of Municipality:
_____

For most tax types, online filing is available at www.salestaxonline.com or www.hoteltaxonline.com. Visit www.neumo.com for more information.

Application Type (Check One): ☐ New Business ☐ Renewal ☐ Name Change ☐ Owner Change ☐ Location Change

Legal Business Name: _____

Trade Name / DBA (If different from legal name): _____

Business Mailing Address: (Street) _____

City_____ State_____ Zip _____ County _____

General Contact Information: Name _____ Title: _____

Cell Phone: _____ Alternate Phone:_____ Email Address: _____

Would you prefer to communicate with us in Spanish? ☐ Yes ☐ No Would you prefer electronic communication when available? ☐ Yes ☐ No

Date Business Activity Initiated/Proposed: _____ Local No. of Employees: _____ No. of Employees Company-Wide:_____

Ownership Information:
Form of Ownership (Check One): ☐ Sole Proprietorship* ☐ Corporation ☐ LLC-Single Member ☐ LLC -Multi Member ☐ General Partnership
☐ LLP (Limited Liability Partnership) ☐ Governmental Agency ☐ Professional Association ☐ Other: _____

Federal Employer Identification Number (FEIN):_____*Social Security Number: _____
*Note: Sole Proprietors must provide SSN. All other businesses must provide either SSN or FEIN on application per Act 2014-430.

Owner(s), Partners, or Officers Information (Attach Separate Sheets if Necessary; (Residential Addresses Only– No PO Boxes)

1. Name: _____ Title: _____ SSN:_____

Address: _____ Email :_____ Phone:_____

2. Name: _____ Title: _____ SSN:_____

Address: _____ Email :_____ Phone:_____

Business Description/Information – (To Be Completed for Each Physical Location, Street Address Only - No PO Boxes) Residential Address (Choose One) ☐ Yes ☐ No

Doing Business As for this Physical Location: _____

Physical Street Address: _____ City_____ State_____ Zip _____ County _____

Telephone: _____Website: _____Email:_____

Physical Location (choose one): ☐ Incorporated City Limits ☐ Police Jurisdiction ☐ Outside Corporate Limits & Outside PJ

Business Type (choose one): ☐ Retail ☐ Wholesale ☐ Building Contractor ☐ Service ☐ Professional ☐ Manufacturer ☐ Rental ☐ Delivery Only

Describe the business you are conducting:_____ NAICS Code:_____
www.naics.com

Indicate the tax types required for each physical location. (Use additional sheets if necessary)

Types (indicate all needed): _ Sales Tax _ Sellers Use _Consumers Use ____Rental Tax ____Lodgings Tax ____Alcohol Tax ____Tobacco

____Occupational _Gas/Motor Fuel _Business License/Certificate _Permit _BID/DID _Other AL Sales Tax No: _____

Rates (indicate all needed): _General Rate _ _Automotive Rate ____ Mfg. Machine Rate ____Agricultural Rate _Amusement Rate ____Vending

Note: Your municipality may require the purchase of a Business License in order to conduct business in addition to filing other tax types. Online filing for business licenses for municipalities administered by Neumo is available at https://rds.bizlicenseonline.com. See www.neumo.com for more information.

Contact Information for this location:

Name _____ Title:_____ Cell Phone: _____

Email Address: _____Alternate Phone: _____

Sworn Statement: This application has been examined and is, to the best of my knowledge, a true and complete representation of the above-named entity and person(s) listed. Failure to complete the application in full, sign, and date this application will make the application invalid.

Signature: _____ Title: _____ Date: _____

Print Name: _____ Email: _____ Telephone No.: _____

Returned Check Disclaimer: Effective July 1, 2010, each returned item received by Neumo due to insufficient funds will be electronically represented to the presenters' bank no more than two times to obtain payment. Neumo is not responsible for any additional bank fees that will accrue due to the resubmission of the returned item. Please see the full returned check policy at www.neumo.com