



Name _____
 Address _____
 City _____ State _____ Zip _____

WV/TLM
REV02-19

WEST VIRGINIA DEPARTMENT OF REVENUE
TELEMARKETER REGISTRATION FORM

Update your information online at mytaxes.wvtax.gov.

Delays issuing your license may occur if you fail to submit ALL the pages of this form, fail to complete all required sections, or do not include all required supporting documentation. If you are not already registered, attach this to a completed **WV BUSAPP**. NOTE: This form has been redesigned. To avoid delays in the processing of this form, DO NOT use older forms.

SECTION 1: CONTACT INFORMATION

FEIN (SSN for Sole Proprietor)		AMOUNT DUE		\$ 250.00	
LEGAL NAME			OTHER BUSINESS NAME		
STREET ADDRESS (No PO Boxes)			CITY	STATE	ZIP
TELEPHONE	FAX	EMAIL	WEBSITE		

SECTION 2: LOCATION INFORMATION

Please provide information for the locations from which sales will be solicited, if different from above. If you have more than 3 locations, use mytaxes.wvtax.gov

	STREET ADDRESS (No PO Boxes)	CITY	STATE	ZIP	TELEPHONE
1					
2					
3					

SECTION 3: FINANCIAL INSTITUTION INFORMATION

Please provide the following information for the two principle financial institutions where banking or other monetary transactions are conducted by the seller:

	FINANCIAL INSTITUTION ROUTING #	STREET ADDRESS	CITY	STATE	ZIP
1					
2					

SECTION 4: SURETY BOND

SURETY BOND GOVERNMENT BOND CASH LETTER OF CREDIT APPLICATION FOR EXEMPTION FROM SURETY REQUIREMENT

SECTION 5: SIGNATURE

Under penalty of perjury, I declare that I have examined this application, accompanying documents, and statements, and to the best of my knowledge and belief, it is true, correct and complete.

SIGNATURE _____ PRINT NAME _____ TITLE _____ DATE _____

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT
 Tax Account Administration Div
 P.O. Box 2666
 Charleston, WV 25330-2666

FOR ASSISTANCE CALL (304) 558-3333 TOLL FREE (800) 982-8297
 For more information visit our web site at: www.tax.wv.gov
 File online at <https://mytaxes.wvtax.gov>



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FEIN	
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SECTION 6: OWNER AND OFFICER INFORMATION

1	NAME		DATE OF BIRTH		SSN	
	OFFICE HELD		EMAIL		PHONE	
	STREET ADDRESS			CITY	STATE	ZIP/POSTAL CODE
	NAME		DATE OF BIRTH		SSN	
2	OFFICE HELD		EMAIL		PHONE	
	STREET ADDRESS			CITY	STATE	ZIP/POSTAL CODE
	NAME		DATE OF BIRTH		SSN	
	OFFICE HELD		EMAIL		PHONE	
3	STREET ADDRESS			CITY	STATE	ZIP/POSTAL CODE
	NAME		DATE OF BIRTH		SSN	
	OFFICE HELD		EMAIL		PHONE	
	STREET ADDRESS			CITY	STATE	ZIP/POSTAL CODE

COMPLETE FOR ALL OFFICERS LISTED ABOVE	OWNER/OFFICER 1	OWNER/OFFICER 2	OWNER/OFFICER 3
OWNERSHIP INTEREST	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS THE INDIVIDUAL OR BUSINESS FILED FOR BANKRUPTCY, BEEN ADJUDGED BANKRUPT, OR REORGANIZED BECAUSE OF INSOLVENCY WITHIN THE LAST SEVEN YEAR? (If answer is Yes, see Section 7 for further details)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS THE INDIVIDUAL BEEN CONVICTED, OR PLED GUILTY TO, OR IS BEING PROSECUTED BY INDICTMENT FOR, RACKETEERING OR ANY VIOLATIONS OF STATE OR FEDERAL SECURITY LAWS?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 7: SUPPLEMENTAL INFORMATION

Supplemental information regarding question concerning bankruptcy, racketeering and security law violations:

	ACTION 1	ACTION 2	ACTION 3
NAME			
DATE OF CONVICTION JUDGEMENT OR ORDER MMDDYYYY			
GOVERNMENT AGENCY WHICH BROUGHT ACTION			



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