

REGISTRATION FORM

New businesses, tax entity changes & reopening businesses



**CITY OF PORTLAND BUSINESS LICENSE TAX
MULTNOMAH COUNTY BUSINESS INCOME TAX
METRO SUPPORTIVE HOUSING SERVICES BUSINESS INCOME TAX**



Register online: www.portland.gov/revenue/register-tax-account

Most information is subject to disclosure under Public Record Law.

GENERAL BUSINESS INFORMATION

BUSINESS TAX ENTITY TYPE (Select one) <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> C-corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/Estate <input type="checkbox"/> S-corporation	*SOCIAL SECURITY NUMBER (Sole Props) *FEDERAL EMPLOYER IDENTIFICATION NUMBER	<input type="checkbox"/> EXISTING ACCOUNTS: CHECK THIS BOX IF TAX ENTITY CHANGE OR YOU ARE A SOLE PROPRIETOR REOPENING A BUSINESS. BUSINESS TAX ACCT #:
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LAST NAME, FIRST NAME *(Corporations, Partnerships, LPs, LLPs, S-Corps, and multiple-member LLCs: enter business name)*

DOING BUSINESS AS *(If different from above. Include single-member LLC business name here. State of OR: "Assumed Business Name")*

BUSINESS ACTIVITY DESCRIPTION

BUSINESS PHONE	BUSINESS FAX	BUSINESS/CONTACT EMAIL ADDRESS	
CONTACT NAME		CONTACT PHONE	CONTACT FAX
BUSINESS START DATE	BUSINESS FISCAL/TAX YEAR END <i>(Sole Props: December)</i>	NUMBER OF OWNERS	

CHECK ALL THAT APPLY:

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <input type="checkbox"/> Business activity is conducted in the City of Portland | <input type="checkbox"/> Business activity is conducted in Metro Jurisdiction |
| <input type="checkbox"/> Business activity is conducted in Multnomah County | <input type="checkbox"/> Estimated gross business income is greater than \$5 million |
| <input type="checkbox"/> Business is a Non-profit Corporation under IRS Sec 501(a)
<i>(Attach Federal 501c3 Certification Letter)</i> | |

PRIMARY BUSINESS LOCATION AND MAILING ADDRESS

(Include additional business locations and/or addresses of rental property on the back of this form)

PRIMARY BUSINESS LOCATION ADDRESS (No PMBs or PO Boxes)	CITY	STATE/	ZIP/POSTAL CODE
BUSINESS PROPERTY TYPE <i>(select all that apply)</i> : <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> RENTAL PROPERTY OWNED, # OF UNITS: _____			
MAILING ADDRESS (PMB or PO Boxes accepted)	<input type="checkbox"/> same as above	CITY	STATE/PROV ZIP/POSTAL CODE

OWNERS AND/OR PARTNERS

*Businesses with stockholders: List corporate owners that hold more than 5% of the voting stock of the corporation.
List **all** partners, including limited partners (if any) and all LLC members. Use additional sheets if needed.*

OWNER/PARTNER NAME AND ADDRESS	*SSN OR FEIN	% OF STOCK/OWNERSHIP



ADDITIONAL BUSINESS LOCATIONS AND/OR RENTAL PROPERTY OWNED

(Attach additional sheet(s) if needed)

BUSINESS NAME		BUSINESS DESCRIPTION		
ADDRESS		CITY	STATE/PROV	ZIP/POSTAL CODE

CHECK ALL THAT APPLY

- THIS IS AN ADDITIONAL BUSINESS LOCATION RENTAL PROPERTY OWNED, # OF UNITS: _____ OWNED RENTAL PROPERTY
 COMMERCIAL RESIDENTIAL

BUSINESS NAME		BUSINESS DESCRIPTION		
ADDRESS		CITY	STATE/PROV	ZIP/POSTAL CODE

CHECK ALL THAT APPLY

- THIS IS AN ADDITIONAL BUSINESS LOCATION RENTAL PROPERTY OWNED, # OF UNITS: _____ OWNED RENTAL PROPERTY
 COMMERCIAL RESIDENTIAL

INSTRUCTIONS: New businesses are required to register with the City of Portland and Multnomah County. Existing businesses changing their tax entity, and sole proprietors/single-member LLCs reopening their business should also complete this form and provide their Business License Tax account number. The business name, taxpayer ID #, entity type, etc. should match the federal/Oregon tax return on which the single-member LLC's income is directly reported. Single-member LLCs should not register or file in the LLC's name. The name of the single-member LLC should be included on the "Doing Business As" line. Spouses who jointly file their IRS/Oregon individual tax return are required to file a joint City/County return as well. Only one Registration Form should be completed. Include the name and SSN of the second spouse in the OWNERS AND/OR PARTNERS section of this form. **Most information is subject to disclosure under Public Record Law.**

NO PAYMENT IS DUE WITH THIS FORM

To remain in compliance you must file a City/County/Metro tax returns **EACH YEAR** when you file your federal and state returns.

You can file your returns at www.portland.gov/revenue/file-business-tax

NOTICE OF CONFIDENTIALITY

All tax returns and related financial information, including a Taxpayer ID #, filed with the City of Portland are confidential. Except as provided by PCC 7.02.230, .240, and .250, it is unlawful to divulge or release any information submitted or disclosed to the City.

SIGNATURE

The undersigned declares under penalty of making a false statement, that the information given in this form is true.

Signature of Registrant or Authorized Representative

Title

Date

MAIL or FAX completed form to: City of Portland, 111 SW COLUMBIA ST, SUITE 600, PORTLAND OR 97201 | FAX: 503-823-5192

Office: 503-823-5157 | TDD: 503-823-6868

BUSINESS REGISTRATION DEMOGRAPHIC INFORMATION

The following information is being requested in conjunction with the City of Portland Business License Tax registration form. You are not required to furnish the information but are encouraged to do so.

BUSINESS NAME *(optional)* (as reported on page 1 of the registration form):

RACE/ETHNICITY *(Select all that apply)*:

- | | | |
|-----------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Other |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Publicly held or other firm not classifiable by race/ethnicity |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White | <input type="checkbox"/> I otherwise do not wish to furnish this information |

GENDER IDENTITY *(Select one)*:

- Woman
 Man
 Another identity
 Publicly held or other firm not classifiable by gender
 I otherwise do not wish to furnish this information