

**QUALIFIED PURCHASER USE TAX REGISTRATION**

**INSTRUCTIONS (PLEASE READ BEFORE COMPLETING THIS FORM)**

**Who is NOT required to register as a “qualified purchaser”?**

You are not required to register or fill out this form if:

- You have an active seller’s permit with the State Board of Equalization (BOE) **or**
- Your business has never received more than \$100,000 in gross receipts from business operations in any calendar year

**Who IS required to register as a “qualified purchaser”?**

If your business has ever received \$100,000 or more in gross receipts from business operations in any calendar year you must:

- Register as a “qualified purchaser” with the **BOE and**
- Complete this registration form and return it to your nearest **BOE field office**

**For More Information**

Please read the *Qualified Purchaser Registration Requirements* available on the [BOE website](#).

**OWNERSHIP INFORMATION**

1. TYPE OF OWNERSHIP (*check one*)  Sole Owner  Corporation  General Partnership  Limited Partnership (LP)  
 Registered Domestic Partnership  Husband/Wife Co-Ownership  Limited Liability Partnership (LLP) (*Registered to practice law, accounting, or architecture*)  
 Limited Liability Company (LLC)  Unincorporated Business Trust  Other (*describe*)

2. NAME OF SOLE OWNER, CORPORATION, LLC, PARTNERSHIP, OR TRUST	3. SIGNIFICANT ASSET/SUPPLY PURCHASES BEGAN ( <i>month, day, year</i> )
4. BUSINESS TRADE NAME [DBA] ( <i>if any</i> )	5. FEDERAL EMPLOYER IDENTIFICATION NUMBER ( <i>FEIN</i> )
6. CORPORATE, LLC, LLP OR LP NUMBER FROM CALIFORNIA SECRETARY OF STATE	

**OWNER/PARTNER/OFFICER INFORMATION**

7. CHECK ONE:  Owner/Co-Owners  Partners  Corporate Officers  LLC Officers/Managers Members  Trustees/Beneficiaries  
 Registered Domestic Partners *Note: Use additional sheets to include information for more than two individuals.*

8. FULL NAME ( <i>first, middle, last</i> )	9. TITLE
10. SOCIAL SECURITY NUMBER ( <i>corporate officers excluded</i> )	11. DRIVER LICENSE NUMBER
12. HOME ADDRESS ( <i>street, city, state, zip code</i> )	13. HOME TELEPHONE NUMBER (     )
14. FULL NAME ( <i>first, middle, last</i> )	15. TITLE
16. SOCIAL SECURITY NUMBER ( <i>corporate officers excluded</i> )	17. DRIVER LICENSE NUMBER
18. HOME ADDRESS ( <i>street, city, state, zip code</i> )	19. HOME TELEPHONE NUMBER (     )

**BUSINESS CONTACT INFORMATION**

20. NATURE OF BUSINESS ( <i>describe</i> )	21. CALIFORNIA COUNTY BUSINESS LOCATION
22. CALIFORNIA BUSINESS ADDRESS ( <i>street, city, state, zip code</i> ) <i>Do not list PO Box or mailing service. If you have more than one business location, please attach a list with addresses.</i>	23. BUSINESS TELEPHONE NUMBER (     )
24. MAILING ADDRESS ( <i>street, city, state, zip code</i> ) <i>Include this address if different from business address.</i>	25. BUSINESS FAX NUMBER (     )
26. NAME OF PRIMARY CONTACT ( <i>include title</i> )	27. CONTACT TELEPHONE NUMBER (     )
28. BUSINESS EMAIL ADDRESS	29. BUSINESS WEB ADDRESS

30. Have you been contacted by BOE to register for a use tax account?  Yes  No  
 If yes, were you provided with a reference number?  Yes  No *If yes, what number?*

NAME ( <i>typed or printed</i> )	SIGNATURE	DATE
NAME ( <i>typed or printed</i> )	SIGNATURE	DATE

**31. Mail to: Your local BOE field office.**

**FOR BOE USE ONLY**

TAX <b>SU</b>	IND NAICS CODE	OFFICE BUSINESS CODE	A.C.C. 34	ACCOUNT NUMBER
PROCESSED BY	REPORTING BASIS Y	ACCOUNT ISSUE DATE ___ / ___ / ___	AREA CODE	-999-000-0000