SUB: STR-1
03/2008

ALABAMA DEPARTMENT OF REVENUE
SALES, USE & BUSINESS TAX DIVISION
SEVERANCE & LICENSE SECTION
P.O. Box 327560 • Montgomery, AL 36132-7560 • (334) 353-7827

Severance Tax Registration

FOR OFFICE USE ONLY
___ AUST
___ Coal
___ Forest
___ LSM
___ O & G
Account Number _____

Reset

Alabama Uniform Severance Tax – Section 40-13-56
Coal Severance – Sections 40-13-3 and 40-13-34
Forest Severance – Section 9-13-86
Local Solid Minerals – Various Acts
Oil & Gas Severance Tax – Sections 40-20-4 and 9-17-25

PLEASE TYPE OR PRINT LEGIBLY. ANSWER ALL QUESTIONS APPLICABLE TO YOUR BUSINESS.

1. LEGAL NAME OF BUSINESS

2. TRADE NAME (D/B/A)

3. MAILING ADDRESS (STREET OR P.O. BOX)

4. CITY STATE ZIP CODE –

5. COUNTY IN WHICH BUSINESS ADDRESS IS LOCATED

6. BUSINESS PHONE ( )

7. FEDERAL I.D. NO./SOCIAL SECURITY NO.

8. BUSINESS LOCATION (STREET)

9. BUSINESS LOCATION (CITY & ZIP CODE) –

10. TYPE OF ORGANIZATION
A. ☐ Individual B. ☐ Partnership
C. ☐ Corporation *(attach copy of certificate of incorporation)*
D. ☐ LLC *(must answer election question)*
Election made on IRS Form 8832? ☐ Yes (attach copy) ☐ No

11. REASON FOR APPLYING
☐ Change of Ownership ☐ Change in Business Structure
☐ New Business ☐ Other _____

12. DATE BUSINESS BEGAN IN ALABAMA

13. NAME OF FORMER OWNER OF BUSINESS, IF APPLICABLE

List below names, social security numbers, titles, and home addresses of owner, partners, corporate officers, or LLC member(s). Attach listing if space is not sufficient.

NAME	SSN/FEIN	TITLE	ADDRESS

Signature(s) of owner, all partners, corporate officers or LLC member(s) is/are required.

NAME 1	TITLE	DATE
NAME 2	TITLE	DATE
NAME 3	TITLE	DATE
NAME 4	TITLE	DATE
NAME 5	TITLE	DATE
NAME 6	TITLE	DATE