

**STATE OF WEST VIRGINIA**  
**State Tax Department, Internal Auditing Division**  
**PO Box 2666**  
**Charleston, WV 25330-2666**

**Joe Manchin III, Governor**

**Christopher G. Morris, Tax Commissioner**

Name \_\_\_\_\_

**Account #:** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**WEST VIRGINIA DEPARTMENT OF REVENUE TELEMARKETER REGISTRATION FORM**

WV/TLM  
 rL200 v.1-Web

**NOTE: This form has been redesigned. To avoid delays in the processing of this form, DO NOT use any older forms you may have. For information regarding the State Tax Department's new computer system, visit our website at [www.wvtax.gov](http://www.wvtax.gov)**

**SECTION 1 - BUSINESS ORGANIZATION**

What type of organization is this business? Please check the appropriate box:

- |                                      |  |  |
|--------------------------------------|--|--|
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Subchapter S Corporation    |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Sole Proprietorship       | <input type="checkbox"/> Publicly Traded Corporation |

**License Fee**

**250.00**

**SECTION 2 - CONTACT INFORMATION**

Please provide the following contact information:

**Federal Tax ID Number**

**Name Used When Contacting The Public**

**Legal Name**

**Other Business Aliases**

**Business Description**

(Add additional sheets as necessary to provide full description of business)

(Street Address)

(Name of City & State / Province)

(Zip / Postal Code)

(Telephone Number)

(Fax Number)

(E-mail Address)

(Business Website)

**MAKE CHECK PAYABLE AND MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT  
 INTERNAL AUDITING DIVISION**

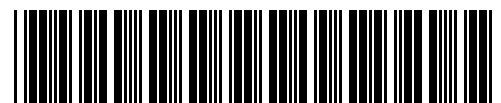
**PO BOX 2666, CHARLESTON, WV 25330-2666**

**FOR ASSISTANCE CALL (304) 558-3333**

**TOLL FREE WITHIN WV (800) 982-8297**

**For more information visit our web site at: [www.wvtax.gov](http://www.wvtax.gov)**

**File online at: <https://mytaxes.wvtax.gov>**



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# WEST VIRGINIA DEPARTMENT OF REVENUE TELEMARKETER REGISTRATION FORM

WV/TLM  
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## SECTION 3 - LOCATION INFORMATION

Please provide the following information for the locations from which sales will be solicited, if different from the address listed in Section 1 above. **NOTE: Add additional sheets for other locations if necessary.**

1.			
	(Street Address)	(City & State / Province)	(Zip / Postal Code) (Telephone Number)
2.			
	(Street Address)	(City & State / Province)	(Zip / Postal Code) (Telephone Number)
3.			
	(Street Address)	(City & State / Province)	(Zip / Postal Code) (Telephone Number)

## SECTION 4 - 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:

1.			
	(Financial Institution Account #)	(Street Address)	(City & State / Province) (Zip / Postal Code)
2.			
	(Financial Institution Account #)	(Street Address)	(City & State / Province) (Zip / Postal Code)

## SECTION 5 - OWNER AND OFFICER INFORMATION

### OWNER / OFFICER 1

(Name)	Date of Birth (mm/dd/yyyy)	(SSN)	(Office Held)
(Street Address)	(City & State / Province)	(Zip / Postal Code)	
(Telephone Number)	(Fax Number)	(E-mail Address)	
<b>Ownership Interest</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Has the individual or business filed for bankruptcy, been adjudged bankrupt, or reorganized because of insolvency within the last seven years?</b> (If answer is Yes, see Section 6 for further details)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>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?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

### OWNER / OFFICER 2

(Name)	Date of Birth (mm/dd/yyyy)	(SSN)	(Office Held)
(Street Address)	(City & State / Province)	(Zip / Postal Code)	
(Telephone Number)	(Fax Number)	(E-mail Address)	
<b>Ownership Interest</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Has the individual or business filed for bankruptcy, been adjudged bankrupt, or reorganized because of insolvency within the last seven years?</b> (If answer is Yes, see Section 6 for further details)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>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?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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<b>OWNER / OFFICER 3</b>			
(Name)	Date of Birth (mm/dd/yyyy)	(SSN)	(Office Held)
(Street Address)	(City & State / Province)		(Zip / Postal Code)
(Telephone Number)	(Fax Number)	(E-mail Address)	
<b>Ownership Interest</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Has the individual or business filed for bankruptcy, been adjudged bankrupt, or reorganized because of insolvency within the last seven years?</b> (If answer is Yes, see Section 6 for further details)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>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?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

<b>SECTION 6 - SUPPLEMENTAL INFORMATION</b>	
Supplemental information regarding question concerning bankruptcy, racketeering and security law violations:	
<b>ACTION NO. 1</b>	
<b>Name</b>	
<b>Date of Conviction, Judgement or Order</b>	
<b>Government Agency which brought action</b>	
<b>ACTION NO. 1</b>	
<b>Name</b>	
<b>Date of Conviction, Judgement or Order</b>	
<b>Government Agency which brought action</b>	

<b>SECTION 7 - TYPE OF SURETY TO BE SUPPLIED TO STATE</b>
Select one:
<input type="checkbox"/> Surety Bond <input type="checkbox"/> Cash <input type="checkbox"/> Application for Exemption from Surety Requirements
<input type="checkbox"/> Government Bond <input type="checkbox"/> Letter of Credit

<b>SECTION 8 - AGREEMENT</b>			
Under penalties of perjury, I declare that the statements and items entered herein and attached hereto are true and correct to the best of my knowledge			
<table style="width:100%; border: none;"> <tr> <td style="width: 30%; border: none;">Date</td> <td style="width: 40%; border: none;">Printed Name</td> <td style="width: 30%; border: none;">Signature</td> </tr> </table>	Date	Printed Name	Signature
Date	Printed Name	Signature	