

Form CRF-005 (Rev. 6/15)

Georgia Department of Revenue
 Registration & Licensing Unit
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 Atlanta, GA 30359-1512
 Call: 1-877-423-6711
 Email: ST-License@dor.ga.gov
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1625804013

Georgia Department of Revenue
Responsible Party Information

Step 1 Read this information first

- Under section 48-2-52 of the Official Code of Georgia Annotated, a:
 - ▶ corporation officer or employee,
 - ▶ limited liability company member, manager or employee, or
 - ▶ limited liability partnership, partner or employee

may be held **personally liable** for unpaid sales tax, withholding tax, and 911 charges on prepaid wireless services assessed against such corporation, limited liability company, or limited liability partnership.

- Form CRF-005 should be completed for each of the persons described above who is under a duty to collect, account for and pay any of the above-described taxes or amounts to the Department of Revenue.

- Form CRF-005 should also be used to notify the Department of Revenue when there is a change in responsible persons. Attach additional pages if needed.

Step 2 Identify the business registered or to be registered for any of the tax types or charges listed in Step 1

Business Name		Business Address		Federal Employer Identification Number	
Name of person completing this form		Title		Daytime Telephone Number	
				Date	

Step 3 Identify the person(s) responsible for filing your business' returns and/or paying all tax or charges due

First Name		Middle Initial	Last Name		Job Title		Social Security Number	
Mailing Address (number, street, and room or suite no.)					City		State	ZIP code
Email Address			Phone Number		Enter dates when responsibility begins and ends (if applicable):			
					From:		To:	

Check all for which person is responsible:

- Sales and Use Tax Withholding Tax 911 Charges on Prepaid Wireless Service Fireworks Excise State Hotel-Motel Fee

Complete the following if you need to identify another person

First Name		Middle Initial	Last Name		Job Title		Social Security Number	
Mailing Address (number, street, and room or suite no.)					City		State	ZIP code
Email Address			Phone Number		Enter dates when responsibility begins and ends (if applicable):			
					From:		To:	

Check all for which person is responsible:

- Sales and Use Tax Withholding Tax 911 Charges on Prepaid Wireless Service Fireworks Excise State Hotel-Motel Fee

Complete the following if you need to identify another person

First Name		Middle Initial	Last Name		Job Title		Social Security Number	
Mailing Address (number, street, and room or suite no.)					City		State	ZIP code
Email Address			Phone Number		Enter dates when responsibility begins and ends (if applicable):			
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Check all for which person is responsible:

- Sales and Use Tax Withholding Tax 911 Charges on Prepaid Wireless Service Fireworks Excise State Hotel-Motel Fee