

U.S. Department of Justice
 Bureau of Alcohol, Tobacco, Firearms and Explosives

2019 NFA Special Tax Location Registration
 Listing (Tax Period: 7/1/XXXX - 6/30/XXXX)

| | |
|--------------------------------|--|
| Employer Identification Number | Enclose This Sheet With Your Renewal Tax Return and Tax Payment |
|--------------------------------|--|

(Please Read Instructions on Back Before Verifying Business Location Information Below)

| ATF Location Number | Tax Class Code | Trade Name Physical Location Address | Business Telephone Number |
|---------------------|----------------|---|---------------------------|
|---------------------|----------------|---|---------------------------|

DRAFT

DO NOT WRITE IN THE SPACES BELOW EXCEPT TO ADD NEW BUSINESS LOCATION(S)

| | |
|---|---|
| New Business Location #1 | Federal Firearms License (FFL) Number |
| Trade Name | Business Telephone Number () |
| Location Address | City, State, Zip Code |
| Tax Code Tax Class | Date New Location Started Business (mm/dd/yyyy) |
| New Business Location #2 | Federal Firearms License (FFL) Number |
| Trade Name | Business Telephone Number () |
| Location Address | City, State, Zip Code |
| Tax Code Tax Class | Date New Location Started Business (mm/dd/yyyy) |

Instructions for Verifying the Preprinted Business Location Listing on the Front of this Form

1. You must verify that all preprinted business location information is correct.
2. You must show a full street address or rural route description for the actual physical location of the business. A post office box number is unacceptable, and if left uncorrected, may delay the issuance of the special tax stamp for a location for which special tax has been paid.
3. If any preprinted information is incorrect, line through the incorrect information and clearly print or type the correct information. **Please note your Federal Firearms License Number in the Location Address area.**
4. If a location listed is no longer in business, you must put a line through all information pertaining to that location and print or type the words "OUT OF BUSINESS" and show the date business activities stopped.
5. If there are new business locations to be added, you must complete the bottom portion on the front of this form. Please print or type.

Paperwork Reduction Act

This information is used to ensure compliance by taxpayers with P.L. 100-203, Revenue Act of 1987, P.L. 100-647, Technical Corrections Act of 1988, and the Internal Revenue laws of the United States. ATF uses the information to determine and collect the right amount of tax.

The estimated average burden associated with this collection is 15 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to Reports Management Officer, Document Services Section, Bureau of Alcohol, Tobacco, Firearms and Explosives, Washington, D.C. 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

DRAFT