



ALABAMA DEPARTMENT OF REVENUE My Alabama Taxes (MAT) Account Application*

In addition to the information required on page 1 of this application, **you are required to provide evidence of business ownership.** This evidence **MUST** be submitted with the application. Examples of proper evidence are listed on page 2 of the application.

Applicant Information:

LEGAL NAME OF APPLICANT, EMPLOYER, CORPORATION, PARTNERSHIP, TRUST, ETC.

TRADE NAME, DBA NAME(S) OR DIVISION (IF DIFFERENT FROM ABOVE)

BUSINESS LOCATION	CITY	STATE	ZIP	COUNTY	CITY LIMITS	PJ
					<input type="checkbox"/>	<input type="checkbox"/>

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

CITY STATE ZIP

BUSINESS PHONE NUMBER FAX NUMBER

CONTACT NAME CONTACT PHONE NUMBER EMAIL ADDRESS

ADDRESS WHERE BUSINESS RECORDS ARE KEPT IF DIFFERENT FROM BUSINESS ADDRESS

CITY STATE ZIP

BUSINESS FORMATION DATE (INCORPORATION DATE) FEDERAL EMPLOYER ID NUMBER (FEIN):

Section A:

TYPE OF OWNERSHIP: (PROOF MAY BE REQUIRED)

Proprietorship Limited Liability Partnership Professional Association Multi Member LLC Partnership

Corporation Single Member LLC – Have you filed your Form 8832 with the IRS? Yes No Other

CORPORATE REGISTRATION OR OTHER BUSINESS TYPE CHARTER NUMBER: PRIMARY STATE OF REGISTRATION:

NATURE OF BUSINESS:

Manufacturing Service Wholesale Contractor Retail Both Wholesale/Retail Other

BUSINESS ACTIVITY:

Identify Current Owners, Partners, Corporate Officers, Members, Employers, or Trustees Including Social Security Numbers or Federal ID Numbers:

PRIMARY NAME/LAST NAME	FIRST NAME	PRIMARY NAME/LAST NAME	FIRST NAME
TITLE	SOCIAL SECURITY NUMBER	TITLE	SOCIAL SECURITY NUMBER
	FEIN		FEIN
HOME ADDRESS		HOME ADDRESS	
CITY	STATE	CITY	STATE
	ZIP		ZIP
HOME PHONE NUMBER		HOME PHONE NUMBER	

All Applicants Must Complete and Sign This Section:

The Statements contained in this application are correct to the best knowledge and belief of the undersigned who is duly authorized to sign this application.

APPLICANT NAME TITLE DATE

Email completed application to taxpolicy@revenue.alabama.gov
If you need assistance, please call (334) 242-0479 or email our office at taxpolicy@revenue.alabama.gov
*To be used only for the creation of a MAT account in relation to Revive Alabama Small Business Grants.

My Alabama Taxes (MAT) Account Application Evidence of Business Ownership

In addition to the information required on page 1 of this application, **you are required to provide evidence of business ownership**. This evidence **MUST** be submitted with the application. Examples of proper evidence of business ownership are set forth below.

PLEASE NOTE: Sole proprietors, independent contractors, and single-member LLCs must submit a copy of an Alabama driver's license or other Alabama issued ID with their MAT application. Drivers' license information will be verified against the state's drivers' license records system.

Corporations

- Articles of Incorporation
- Registration with Secretary of State
- County/State or Municipal Business License

LLC

- Articles of Organization
- Registration with Secretary of State
- County/State or Municipal Business License

Sole Proprietors/Independent Contractors/Single-Member LLCs

- Copy of Alabama Driver's License or other Alabama issued ID (**Required**)
- County/State or Municipal Business License
- Business Rental Agreement
- Business Insurance
- Business Banking Information
- Purchase or Customer Invoice with business name

If you have additional business credentials that are not listed that may assist in validating your business for a MAT account please contact the Tax Policy and Governmental Affairs Division to verify it is an acceptable form of documentation. You may contact the Tax Policy and Governmental Affairs Division at taxpolicy@revenue.alabama.gov or 334-242-0479.