

For Office Use Only
Account #

SALES TAX ACCOUNT APPLICATION DeKALB COUNTY, ALABAMA

Business Name	
Physical Address	
City	
State	
Zip + 4	

Mailing Name	
Mailing Address	
City	
State	
Zip + 4	

Please Check One:

- ☐ Individual
☐ Partnership
☐ Corporation

Please Check One:

- ☐ New
☐ Renewal
☐ Transfer

Contact Name _____ Email Address _____

Phone Number _____ Owner Name _____

Federal ID Number _____ State Sales Tax Number _____

I certify the above information is correct

Signature

Date

Return completed form to:
DeKALB COUNTY SALES TAX OFFICE
111 GRAND AVENUE, SW --SUITE 12
FORT PAYNE, AL 36867

Direct questions to: Britani Williams at 266.845.8505 or salestax@dekalbcountyga.us