## CDTFA-245-COR-1 REV. 5 (2-25) CORPORATE OFFICER REGISTRATION UPDATE

## STATE OF CALIFORNIA CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION

You must submit supporting documentation (for example, a copy of the current *Statement of Information* filed with the Secretary of State's office or a copy of the corporate minutes stating a change of officer) with this form.

BUSINESS NAME			CDTFA ACCOUNT NUMBER		
ENTITY NUMBER		FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)			
BUSINESS TELEPHONE NUMBER FAX NUMBER			CONTACT PERSON		
EMAIL ADDRESS (of your corporate officer designated to handle to	tax matters)				
Use additiona	al sheets to include	information for more	e than three individuals.		
CORPORATE OFFICER					
NAME	TITLE		DRIVER L	ICENSE NUMBER	
HOME ADDRESS (street, city, state ZIP Code)			HOME TE	ELEPHONE NUMBER	
EMAIL ADDRESS			MOBILE	NUMBER	
CORPORATE OFFICER					
NAME	TITLE		DRIVER L	ICENSE NUMBER	
HOME ADDRESS (street, city, state ZIP Code)			HOME TE	HOME TELEPHONE NUMBER	
EMAIL ADDRESS			MOBILE	NUMBER	
CORPORATE OFFICER					
NAME	TITLE		DRIVER L	ICENSE NUMBER	
HOME ADDRESS (street, city, state ZIP Code)			HOME TE	HOME TELEPHONE NUMBER	
EMAIL ADDRESS			MOBILE	NUMBER	
NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS)					
PLEASE LIST YOUR PRIMARY BUSINESS ACTIVITY OR NAICS CODE					
TYPE OF BUSINESS YOU ARE ENGAGED IN (please check appropriate box)					
Retail Wholesale Construction Contractor Manufacturer Service Leasing Repair WHAT DO YOU SELL?					
		RTIFICATION			
(All Corporate Officers must sign below)					
I am duly authorized to sign this application I also represent and acknowledge that the personal property.					
PRINTED NAME		SIGNATURE		DATE	
PRINTED NAME		SIGNATURE		DATE	
PRINTED NAME		SIGNATURE		DATE	