

LLC MEMBER REGISTRATION UPDATE

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

BUSINESS NAME		CDTFA ACCOUNT NUMBER
SECRETARY OF STATE (SOS) ENTITY NUMBER		FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)
BUSINESS TELEPHONE NUMBER	FAX NUMBER	CONTACT PERSON
EMAIL ADDRESS (of your LLC Member designated to handle tax matters)		

Use additional sheets to include information for more than three individuals/business entities.

LLC MEMBER (check one) Add Remove

INDIVIDUAL/BUSINESS NAME	TITLE	START DATE	END DATE
EMAIL ADDRESS	SOCIAL SECURITY NUMBER/FEDERAL OR STATE EIN	DRIVER'S LICENSE NUMBER/SOS ENTITY NUMBER	
HOME/PRIMARY ADDRESS (street, city, state ZIP Code)	HOME/BUSINESS TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER	

LLC MEMBER (check one) Add Remove

INDIVIDUAL/BUSINESS NAME	TITLE	START DATE	END DATE
EMAIL ADDRESS	SOCIAL SECURITY NUMBER/FEDERAL OR STATE EIN	DRIVER'S LICENSE NUMBER/SOS ENTITY NUMBER	
HOME/PRIMARY ADDRESS (street, city, state ZIP Code)	HOME/BUSINESS TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER	

LLC MEMBER (check one) Add Remove

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CERTIFICATION

(all LLC members must sign below)

I am duly authorized to sign this form and certify that the statements made are correct to the best of my knowledge and belief.

PRINTED NAME	SIGNATURE	DATE
PRINTED NAME	SIGNATURE	DATE
PRINTED NAME	SIGNATURE	DATE

Return this form to your local California Department of Tax and Fee Administration [office](#).