

PARTNER REGISTRATION UPDATE

CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION

You must submit supporting documentation (for example, a copy of the current *Statement of Information* or *Statement of Partnership Authority* filed with the Secretary of State's office or a Partnership Agreement) 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 <i>(of your general partner designated to handle tax matters)</i> | | |

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

| PARTNER <i>(check one)</i> 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 <i>(street, city, state, ZIP Code)</i> | HOME/BUSINESS TELEPHONE NUMBER | MOBILE TELEPHONE NUMBER | |

| PARTNER <i>(check one)</i> 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 | |
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CERTIFICATION
(All partners 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](#).