



Writing or calling can obtain further information or any questions regarding the Massachusetts State Tax Laws:

State Tax Office  
Worcester Business Center  
Attn: Tom Yacuzzi  
67 Millbrook Street, Suite 310  
Worcester, MA 01606  
Attn: Filed Audit  
508-792-7300  
Revenue Enforcement Department

Form CPR

**COMMONWEALTH OF MASSACHUSETTS REQUIREMENTS**

Department of Revenue  
State Tax Office

**PROMOTER'S REGISTRATION APPLICATION**

This application must be received by the Department 10 calendar days before the show's opening. A Registration Certificate will be sent 5 calendar days before the activity dates indicated in the Registration Application. A Registration Application must be filed for each location and a Promoter's Return must be filed for every calendar month of operation.

Name of Promoter \_\_\_\_\_ F.I.D. No. or  
Or Organization \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of person responsible for Tax Records

\_\_\_\_\_

Location of Tax Records

\_\_\_\_\_

Initial: \_\_\_\_\_



Nature of Show

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Location of Show

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Activity Dates \_\_\_\_\_ to \_\_\_\_\_

### CERTIFICATION

I hereby certify that the statements made herein have been examined by me, and to the best of my knowledge are true and correct.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
(must be signed by Owner, Partner or Officer)

Complete and mail to:

**STATE TAX OFFICE**  
Worcester Business Center  
Attn: Tom Yacuzzi  
67 Millbrook Street, Suite 310  
Worcester, MA 01606  
Attn: Filed Audit

(508) 792-7300 Revenue Enforcement Department

CPR-1m-81-774742

Initial: \_\_\_\_\_

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