

MAIL COMPLETED APPLICATION TO:
 DEPARTMENT OF REVENUE
 BUREAU OF BUSINESS TRUST FUND TAXES
 DEPT. 280901
 HARRISBURG, PA 17128-0901
 TELEPHONE (717) 787-1064 ext. 1



COMMONWEALTH OF PENNSYLVANIA
**PA ENTERPRISE
 REGISTRATION FORM**

DEPARTMENT USE ONLY

RECEIVED DATE

DEPARTMENT OF REVENUE &
 DEPARTMENT OF LABOR AND INDUSTRY

TYPE OR PRINT LEGIBLY, USE BLACK INK

SECTION 1 - REASON FOR THIS REGISTRATION

REFER TO THE INSTRUCTIONS (PAGE 18) AND CHECK THE APPLICABLE BOX(ES) TO INDICATE THE REASON(S) FOR THIS REGISTRATION.

- | | |
|---|--|
| <p>1. <input checked="" type="checkbox"/> NEW REGISTRATION</p> <p>2. <input type="checkbox"/> ADDING TAX(ES) & SERVICE(S)</p> <p>3. <input type="checkbox"/> REACTIVATING TAX(ES) & SERVICE(S)</p> <p>4. <input type="checkbox"/> ADDING ESTABLISHMENT(S)</p> <p>5. <input type="checkbox"/> INFORMATION UPDATE</p> | <p>6. DID THIS ENTERPRISE:</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO ACQUIRE ALL OR PART OF ANOTHER BUSINESS?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO RESULT FROM A CHANGE IN LEGAL STRUCTURE (FOR EXAMPLE, FROM INDIVIDUAL PROPRIETOR TO CORPORATION, PARTNERSHIP TO CORPORATION, CORPORATION TO LIMITED LIABILITY COMPANY, ETC)?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO UNDERGO A MERGER, CONSOLIDATION, DISSOLUTION, OR OTHER RESTRUCTURING?</p> |
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SECTION 2 - ENTERPRISE INFORMATION

1. DATE OF FIRST OPERATIONS		2. DATE OF FIRST OPERATIONS IN PA		3. ENTERPRISE FISCAL YEAR END	
4. ENTERPRISE LEGAL NAME			5. FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)		
6. ENTERPRISE TRADE NAME (if different than legal name)			7. ENTERPRISE TELEPHONE NUMBER ()		
8. ENTERPRISE STREET ADDRESS (do not use PO Box)		CITY/TOWN	COUNTY	STATE	ZIP CODE + 4
9. ENTERPRISE MAILING ADDRESS (if different than street address)		CITY/TOWN		STATE	ZIP CODE + 4
10. LOCATION OF ENTERPRISE RECORDS (street address)		CITY/TOWN		STATE	ZIP CODE + 4
11. ESTABLISHMENT NAME (doing business as)		12. NUMBER OF ESTABLISHMENTS *	13. SCHOOL DISTRICT	14. MUNICIPALITY	

* Enterprises with more than one establishment as defined in the general instructions must complete Section 17.

SECTION 3 - TAXES AND SERVICES

ALL REGISTRANTS MUST CHECK THE APPLICABLE BOX(ES) TO INDICATE THE TAX(ES) AND SERVICE(S) REQUESTED FOR THIS REGISTRATION AND COMPLETE THE CORRESPONDING SECTIONS INDICATED ON PAGES 2 AND 3. IF REACTIVATING ANY PREVIOUS ACCOUNT(S), LIST THE ACCOUNT NUMBER(S) IN THE SPACE PROVIDED.

	PREVIOUS ACCOUNT NBR.		PREVIOUS ACCOUNT NBR.
<input type="checkbox"/> CIGARETTE DEALER'S LICENSE	_____	<input type="checkbox"/> SALES TAX EXEMPT STATUS	_____
<input type="checkbox"/> CORPORATION TAXES	_____	<input type="checkbox"/> SALES, USE, HOTEL OCCUPANCY TAX LICENSE	_____
<input type="checkbox"/> EMPLOYER WITHHOLDING TAX	_____	<input type="checkbox"/> SMALL GAMES OF CHANCE LIC./CERT.	_____
<input type="checkbox"/> FUELS TAX PERMIT	_____	<input checked="" type="checkbox"/> TRANSIENT VENDOR CERTIFICATE	_____
<input type="checkbox"/> LIQUID FUELS TAX PERMIT	_____	<input type="checkbox"/> UNEMPLOYMENT COMPENSATION	_____
<input type="checkbox"/> LOCAL SALES, USE, HOTEL OCCUPANCY TAX	_____	<input type="checkbox"/> USE TAX	_____
<input type="checkbox"/> MOTOR CARRIERS ROAD TAX/IFTA	_____	<input type="checkbox"/> VEHICLE RENTAL TAX	_____
<input type="checkbox"/> PROMOTER LICENSE	_____	<input type="checkbox"/> WHOLESALER CERTIFICATE	_____
<input type="checkbox"/> PUBLIC TRANSPORTATION ASSISTANCE TAX LICENSE	_____	<input type="checkbox"/> WORKERS' COMPENSATION COVERAGE	_____

SECTION 4 - AUTHORIZED SIGNATURE

I, (WE) THE UNDERSIGNED, DECLARE UNDER THE PENALTIES OF PERJURY THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE, CORRECT, AND COMPLETE.

AUTHORIZED SIGNATURE (ATTACH POWER OF ATTORNEY IF APPLICABLE)		DAYTIME TELEPHONE NUMBER ()	TITLE
TYPE OR PRINT NAME		E-MAIL ADDRESS	DATE
TYPE OR PRINT PREPARER'S NAME			TITLE
DAYTIME TELEPHONE NUMBER ()		E-MAIL ADDRESS	DATE

ENTERPRISE NAME

SECTION 5 - BUSINESS STRUCTURE

CHECK THE APPROPRIATE BOX FOR QUESTIONS 1, 2 & 3. IN ADDITION TO SECTIONS 1 THROUGH 10, COMPLETE THE SECTION(S) INDICATED.

- 1. **SOLE PROPRIETORSHIP** (INDIVIDUAL) **OR** **GENERAL PARTNERSHIP** (ex: husband/wife) **LIMITED LIABILITY COMPANY**
 CORPORATION (Sec. 11) LIMITED PARTNERSHIP BUSINESS TRUST STATE WHERE CHARTERED _____
 GOVERNMENT (Sec. 13) LIMITED LIABILITY PARTNERSHIP ESTATE RESTRICTED PROFESSIONAL COMPANY
 JOINT VENTURE PARTN ASSOCIATION STATE WHERE CHARTERED _____
2. PROFIT NON-PROFIT IS THE ENTERPRISE ORGANIZED FOR PROFIT OR NON-PROFIT?
3. YES NO IS THE ENTERPRISE EXEMPT FROM TAXATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(3)? IF YES, PROVIDE A COPY OF THE ENTERPRISE'S EXEMPTION AUTHORIZATION LETTER FROM THE INTERNAL REVENUE SERVICE.

SECTION 6 - OWNERS, PARTNERS, SHAREHOLDERS, OFFICERS, AND RESPONSIBLE PARTY INFORMATION

PROVIDE THE FOLLOWING FOR ALL INDIVIDUAL AND/OR ENTERPRISE OWNERS, PARTNERS, SHAREHOLDERS, OFFICERS, AND RESPONSIBLE PARTIES. IF STOCK IS PUBLICLY TRADED, PROVIDE THE FOLLOWING FOR ANY SHAREHOLDER WITH AN EQUITY POSITION OF 5% OR MORE. ADDITIONAL SPACE IS AVAILABLE IN SECTION 6A, PAGE 11.

1. NAME		2. SOCIAL SECURITY NUMBER		3. DATE OF BIRTH *		4. FEDERAL EIN	
5. <input type="checkbox"/> OWNER <input type="checkbox"/> OFFICER <input type="checkbox"/> PARTNER <input type="checkbox"/> SHAREHOLDER <input type="checkbox"/> RESPONSIBLE PARTY		6. TITLE		7. EFFECTIVE DATE OF TITLE		8. PERCENTAGE OF OWNERSHIP %	
9. EFFECTIVE DATE OF OWNERSHIP		10. HOME ADDRESS (street)		CITY/TOWN		COUNTY	
		STATE		ZIP CODE + 4			
11. THIS PERSON IS RESPONSIBLE TO REMIT/MAINTAIN: <input type="checkbox"/> SALES TAX <input type="checkbox"/> EMPLOYER WITHHOLDING TAX <input type="checkbox"/> MOTOR FUEL TAXES							
<input type="checkbox"/> WORKERS' COMPENSATION COVERAGE							

* DATE OF BIRTH REQUIRED ONLY IF APPLYING FOR A CIGARETTE WHOLESALE DEALER'S LICENSE, A SMALL GAMES OF CHANCE DISTRIBUTOR LICENSE, OR A SMALL GAMES OF CHANCE MANUFACTURER CERTIFICATE.

SECTION 7 - ESTABLISHMENT BUSINESS ACTIVITY INFORMATION

REFER TO THE INSTRUCTIONS TO COMPLETE THIS SECTION. COMPLETE SECTION 17 FOR MULTIPLE ESTABLISHMENTS.

1. ENTER THE PERCENTAGE THAT EACH PA BUSINESS ACTIVITY REPRESENTS OF THE TOTAL RECEIPTS OR REVENUES AT THIS ESTABLISHMENT. LIST ALL PRODUCTS OR SERVICES ASSOCIATED WITH EACH BUSINESS ACTIVITY. ENTER THE PERCENTAGE THAT THE PRODUCTS OR SERVICES REPRESENT OF THE TOTAL RECEIPTS OR REVENUES AT THIS ESTABLISHMENT

PA BUSINESS ACTIVITY	%	PRODUCTS OR SERVICES	%	ADDITIONAL PRODUCTS OR SERVICES	%
Accommodation & Food Services					
Agriculture, Forestry, Fishing, & Hunting					
Art, Entertainment, & Recreation Services					
Communications/Information					
Construction (must complete question 3)					
Domestics (Private Households)					
Educational Services					
Finance					
Health Care Services					
Insurance					
Management of Companies & Enterprises					
Manufacturing					
Mining, Quarrying, & Oil/Gas Extraction					
Other Services					
Professional, Scientific, & Technical Services					
Public Administration					
Real Estate					
→ Retail Trade					
Sanitary Service					
Social Assistance Services					
Transportation					
Utilities					
Warehousing					
Wholesale Trade					
TOTAL	100%				

2. ENTER THE PERCENTAGE THAT THIS ESTABLISHMENT'S RECEIPTS OR REVENUES REPRESENT OF THE TOTAL PA RECEIPTS OR REVENUES OF THE ENTERPRISE.

100%

3. ESTABLISHMENTS ENGAGED IN CONSTRUCTION **MUST** ENTER THE PERCENTAGE OF CONSTRUCTION ACTIVITY THAT IS NEW AND/OR RENOVATIVE AND THE PERCENTAGE OF CONSTRUCTION ACTIVITY THAT IS RESIDENTIAL AND/OR COMMERCIAL.

_____ % NEW + _____ % RENOVATIVE = 100%
 _____ % RESIDENTIAL + _____ % COMMERCIAL = 100%

ENTERPRISE NAME

DEPARTMENT USE ONLY

SECTION 8 - ESTABLISHMENT SALES INFORMATION

1. **YES** NO IS THIS ESTABLISHMENT SELLING TAXABLE PRODUCTS OR OFFERING TAXABLE SERVICES TO CONSUMERS FROM A LOCATION IN PENNSYLVANIA? IF YES, COMPLETE SECTION 18.

2. YES **NO** IS THIS ESTABLISHMENT SELLING CIGARETTES IN PENNSYLVANIA? IF YES, COMPLETE SECTIONS 18 AND 19.

3. LIST EACH COUNTY IN PENNSYLVANIA WHERE THIS ESTABLISHMENT IS CONDUCTING TAXABLE SALES ACTIVITY(IES).
COUNTY _____ COUNTY _____ COUNTY _____
COUNTY _____ COUNTY _____ COUNTY _____
ATTACH ADDITIONAL 8 1/2 X 11 SHEETS IF NECESSARY.

SECTION 18 - SALES USE AND HOTEL OCCUPANCY TAX LICENSE, PUBLIC TRANSPORTATION ASSISTANCE TAX LICENSE, VEHICLE RENTAL TAX, TRANSIENT VENDOR CERTIFICATE, PROMOTER LICENSE, OR WHOLESALER CERTIFICATE

PART 1 SALES USE AND HOTEL OCCUPANCY TAX, PUBLIC TRANSPORTATION ASSISTANCE TAX, VEHICLE RENTAL TAX, OR WHOLESALER CERTIFICATE

ENTERPRISES APPLYING FOR A SALES, USE AND HOTEL OCCUPANCY TAX LICENSE, PUBLIC TRANSPORTATION ASSISTANCE TAX LICENSE, VEHICLE RENTAL TAX, AND/OR WHOLESALER CERTIFICATE.
COMPLETE PART 1. SALES TAX COLLECTED MUST BE SEGREGATED FROM OTHER FUNDS AND MUST REMAIN IN THE COMMONWEALTH OF PENNSYLVANIA UNTIL REMITTED TO THE DEPARTMENT OF REVENUE.

IF THE ENTERPRISE IS:

- SELLING TAXABLE PRODUCTS OR SERVICES TO CONSUMERS IN PENNSYLVANIA, ENTER DATE OF FIRST TAXABLE SALE _____
- PURCHASING TAXABLE PRODUCTS OR SERVICES FOR ITS OWN USE IN PENNSYLVANIA AND INCURRING NO SALES TAX, ENTER DATE OF FIRST PURCHASE _____
- SELLING NEW TIRES TO CONSUMERS IN PENNSYLVANIA, ENTER DATE OF FIRST SALE _____
- LEASING OR RENTING MOTOR VEHICLES, ENTER DATE OF FIRST LEASE OR RENTAL _____
- RENTING FIVE OR MORE MOTOR VEHICLES, ENTER DATE OF FIRST RENTAL _____
- • **CONDUCTING RETAIL SALES IN PENNSYLVANIA AND NOT MAINTAINING A PERMANENT LOCATION IN PA, ENTER DATE OF FIRST TAXABLE SALE _____ (COMPLETE PART 2)**
- ACTIVELY PROMOTING SHOWS IN PENNSYLVANIA WHERE TAXABLE PRODUCTS WILL BE OFFERED FOR RETAIL SALE, ENTER DATE OF FIRST SHOW _____. (COMPLETE PART 3)
- ENGAGED SOLELY IN THE SALE OF TANGIBLE PERSONAL PROPERTY AND/OR SERVICES FOR RESALE OR RENTAL. ENTER DATE OF FIRST PURCHASE. _____

PART 2

IF THE ENTERPRISE PARTICIPATES IN ANY SHOWS OTHER THAN THOSE LISTED, PROVIDE THE NAME(S) OF THE SHOW(S) AND INFORMATION ABOUT THE SHOW(S) TO THE DEPARTMENT OF REVENUE AT LEAST 10 DAYS PRIOR TO THE SHOW.

PROVIDE THE FOLLOWING INFORMATION FOR EACH SHOW:

1. PROMOTER NUMBER	2. SHOW NAME	3. COUNTY
4. SHOW ADDRESS (STREET, CITY, STATE, ZIP)	5. START DATE	6. END DATE
1. PROMOTER NUMBER	2. SHOW NAME	3. COUNTY
4. SHOW ADDRESS (STREET, CITY, STATE, ZIP)	5. START DATE	6. END DATE

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