

**HOTEL BOOKING AGENT
REGISTRATION FORM**

SECTION I EXISTING ACCOUNT INFORMATION

Please check the following account types you currently hold with the Department of Revenue

Corporate Tax Sales Tax Employer Withholding

Revenue ID	List Account ID(s)
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SECTION II ENTERPRISE INFORMATION

Date of First Operations	Date of First Operations in PA	Enterprise Fiscal Year End	
Enterprise Legal Name		Federal Employer Identification Number (FEIN)	
Enterprise Trade Name (if different than legal name)		Enterprise Telephone Number	County
Enterprise Street Address (do not use PO Box)		City/Town	State ZIP Code
Enterprise Mailing Address (if different than street address)		City/Town	State ZIP Code
Establishment Name (doing business as)	Number of Establishments	PA School District	PA Municipality

SECTION III 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. Photocopy if additional space is needed.

Type or Print Name		Social Security Number	Date of Birth	FEIN
<input type="checkbox"/> Owner	<input type="checkbox"/> Partner	<input type="checkbox"/> Shareholder	Title	Effective Date of Title
		Percentage of Ownership	Effective Date of Ownership	
<input type="checkbox"/> Officer	<input type="checkbox"/> Responsible Party			
Street Address		City/Town	State	ZIP Code
This person is responsible to remit/maintain:			County	
<input type="checkbox"/> Sales Tax		<input type="checkbox"/> Employer Withholding Tax		
<input type="checkbox"/> Motor Fuels		<input type="checkbox"/> Workers' Compensation Coverage		

SECTION IV AUTHORIZED SIGNATURE

I, (We) the undersigned, declare under the penalties of perjury that the statements contained herein are true, correct, and complete.

Type or Print Name		Authorized Signature (attach power of attorney, if applicable)	Date
Email Address		Title	Telephone Number
Type or Print Preparer's Name		Title	Date
Email Address			Telephone Number

Upon printing, please sign the Hotel Booking Agent Registration Form and submit to: ra-btftdirectorfax@pa.gov.

Instructions for REV-1840

Hotel Booking Agent Registration Form

REV-1840 IN (SU) 01-20

SECTION I

EXISTING ACCOUNT INFORMATION

Please check the boxes if you have existing corporate tax, employer withholding or sales tax.

REVENUE ID

10-digit ID number issued to you by the Department of Revenue.

ACCOUNT/LICENSE ID(S)

List any existing corporate tax, employer withholding or sales tax account ID numbers.

COMPLETE SECTIONS 2 THRU 4 OF THE APPLICATION.

SECTION II

ENTERPRISE INFORMATION

DATE OF FIRST OPERATIONS

Enter the first date the enterprise conducted any activity. This includes start-up operations prior to opening for business.

DATE OF FIRST OPERATIONS IN PA

Enter the first date the enterprise conducted any activity in PA or employs PA residents. This includes start-up operations prior to opening for business.

ENTERPRISE FISCAL YEAR END

Enter the month (January, February, etc.) used by the enterprise to designate the end of its accounting period.

ENTERPRISE LEGAL NAME

Enter the legal name of the enterprise.

FEDERAL EIN

Enter the Federal Employer Identification Number (FEIN) assigned to the enterprise by the Internal Revenue Service. If the enterprise does not have an FEIN, enter "N/A". If the enterprise has applied for an FEIN, enter "applied for."

ENTERPRISE TRADE NAME

Enter the name by which the enterprise is commonly known (doing business as, trading as, also known as), if it is a name other than the legal name. If the enterprise has a fictitious name registered with the PA Department of State, enter it here. If the trade name is the same as the legal name, enter "Same."

ENTERPRISE TELEPHONE NUMBER

Enter the telephone number for the enterprise.

ENTERPRISE STREET ADDRESS

Enter the physical location of the enterprise. A post office box is not acceptable.

ENTERPRISE MAILING ADDRESS

Enter the address where the enterprise prefers to receive mail, if at an address other than the enterprise street address. A post office box is acceptable. If the mailing address is the same as the enterprise street address, enter "Same."

To indicate multiple mailing addresses and the purposes, attach a separate 8 ½ X 11 sheet and identify the purpose of each.

ESTABLISHMENT NAME

Enter the name by which the establishment is known to the public; for example, the name on the front of the store. If the name is the same as the enterprise legal name, enter "Same."

NUMBER OF ESTABLISHMENTS

Enter the number of establishments.

PA SCHOOL DISTRICT

Enter the school district where the establishment is located. If not a PA school district, enter "N/A."

PA MUNICIPALITY

Enter the municipality (borough, city, town or township) where the establishment is located. The municipality may be different from the city/town used for postal delivery. If not a PA municipality, enter "N/A."

SECTION III

OWNERS, PARTNERS, SHAREHOLDERS, OFFICERS AND RESPONSIBLE PARTY INFORMATION

Identify and provide information on the following:

- The sole proprietor who is 100 percent owner. A sole proprietor must be one individual.
- All general partners and all limited partners who are involved in the daily operation of the business.
- All shareholders (both individuals and enterprises) owning stock. If the stock is publicly traded, identify the shareholder with an equity position of 5 percent or more.
- All officers of the corporation, association, or business.
- All individuals responsible for remitting trust fund taxes or maintaining Workers' Compensation Coverage.

NAME

Enter the name(s) of the owner, partner, shareholder, officer, or responsible party of the enterprise. If the owner is another enterprise, enter the legal name of the enterprise.

SOCIAL SECURITY NUMBER

Enter the Social Security number of the owner, partner, shareholder, officer, or responsible party.

DATE OF BIRTH

Enter the individual's date of birth.

FEDERAL FEIN

Enter the Federal Employer Identification Number (FEIN) if the owner, partner, or shareholder is another enterprise.

TYPE OF OWNERSHIP/POSITION

Check the box(es) to designate an owner, partner, officer, shareholder or responsible party.

TITLE, EFFECTIVE DATES, PERCENTAGE OF OWNERSHIP

Enter the title, effective dates, and percentage of ownership as indicated.

HOME ADDRESS

Enter the home street address of the owner, partner, officer, shareholder or responsible party. If the owner, partner, or shareholder is another enterprise, enter the street address of the enterprise. A post office box is not acceptable.

PERSON RESPONSIBLE TO REMIT/MAINTAIN

Check the appropriate box(es) to indicate the taxes/services for which the individual is responsible.

SECTION IV

AUTHORIZED SIGNATURE

Owner, general partner, officer, or agent signature is required. Enter the title and daytime phone number of the person who signed the form. Attach Power of Attorney document, if applicable.

TYPE OR PRINT NAME

Type or print the name of the person who signed the document, enter their email address, and the date it was signed.

TYPE OR PRINT PREPARER'S NAME

Type or print the name of the preparer, the title of the person who prepared the form, if other than the owner, partner or officer. Enter the preparer's daytime telephone number, email address, and the date the form was prepared.

WHERE TO FILE

Upon printing, please sign the Hotel Booking Agent Registration Form and submit to: **ra-btftdirectorfax@pa.gov**.