

**BUSINESS OPERATIONS
QUESTIONNAIRE**

OFFICIAL USE ONLY

The purpose of the Business Operations Questionnaire is to request additional information related to the activity you are reporting as a profit or loss from a business or profession. Please review and complete the questionnaire. Please submit the additional information requested where necessary.

SECTION I GENERAL INFORMATION

Business Name		Tax Year(s)	
Street Address			
City			State
City			ZIP Code
Employer Identification Number	Sales & Use Tax License Number	Unemployment Compensation Account Number	

List all other taxes and tax ID numbers not listed above which the business remits taxes to Pennsylvania

To determine if the activity reported is a business or profession please complete the following questions.

SECTION II BUSINESS ACTIVITIES

<p>1. Describe the principal business activity</p> <hr/> <p>2. Date Business Activities First Occured</p> <hr/> <p>3. Is there a business plan? If yes, attach a copy of the business plan. <input type="radio"/> Yes <input type="radio"/> No</p> <hr/> <p>4. Does your entity market its product or service to retail customers? Wholesale Customers? If yes, attach a statement. <input type="radio"/> Yes <input type="radio"/> No</p> <hr/> <p>5. Does your business have accounts receivable or notes receivable from the sales of its products or services sold in the ordinary course of its business operations? <input type="radio"/> Yes <input type="radio"/> No</p> <hr/> <p>6. What phase is this activity presently in? <input type="radio"/> Concept/Start-up <input type="radio"/> Maintenance <input type="radio"/> Liquidation <input type="radio"/> Growth <input type="radio"/> Decline</p> <hr/> <p>7. What product or service is provided by this activity?</p> <hr/> <p>8. How are these products/services promoted and advertised? <input type="radio"/> Internet <input type="radio"/> Telephone solicitations <input type="radio"/> Catalogs <input type="radio"/> Other (describe) _____</p> <hr/> <p>9. Does your entity market its product or service to customers other than its members, partners, shareholder, and/or other entities through common ownership? If yes, attach a document that contains your top fifteen customers and the partner/shareholder directory. <input type="radio"/> Yes <input type="radio"/> No</p>	<p>10. How many employees are associated with this activity?</p> <hr/> <p>11. Where is the activity conducted? <input type="radio"/> In your residence a. If in our residence attach Fed. Form 8829 <input type="radio"/> At a rented facility b. If at a rented facility provide i) Address of rented facility ii) Rental agreement iii) Facility expenses included in rent iv) Facility expenses not included in rent <input type="radio"/> Other c. Provide an explanation _____</p> <hr/> <p>12. What geographic area is serviced by this activity? (City, State, 3 mile radius, etc.)</p> <hr/> <p>13. List net profit or loss for the last five years</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:25%; text-align: center;">Federal</th> <th style="width:25%; text-align: center;">Pennsylvania</th> </tr> </thead> <tbody> <tr> <td>20XX _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>20XX _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>20XX _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>20XX _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>20XX _____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <hr/> <p>14. What is the percentage of sales to outside customers compared to related parties, such as parnters/shareholders and/or related entities?</p>		Federal	Pennsylvania	20XX _____	_____	_____	20XX _____	_____	_____	20XX _____	_____	_____	20XX _____	_____	_____	20XX _____	_____	_____
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SECTION III AFFIRMATION

I hereby affirm subject to penalties for unsworn fasification to authorities under the Crimes Code, 18 Pa.C.S §4904, that this questionnaire has been examined by me, and to the best of my knowledge and belief is true, correct, and complete.

Name of Taxpayer	Signature	Date
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