

# Business Activity Questionnaire

**INSTRUCTIONS:**

Complete all sections of the Business Activity Questionnaire and Email to [ra-rv-brtm-discovery@pa.gov](mailto:ra-rv-brtm-discovery@pa.gov) or Fax to (717) 425-2952.

**SECTION I BUSINESS INFORMATION**

Legal Name:	Telephone Number:
-------------	-------------------

Business Location Street:	City:	State:	Zip:
---------------------------	-------	--------	------

Tax ID Number:	Tax ID Type: <input type="checkbox"/> Federal Entity Identification Number (FEIN) <input type="checkbox"/> Social Security Number (SSN) <input type="checkbox"/> Individual Taxpayer Identification Number (ITIN)
----------------	--

**Enter the following information for Owners, Officers, Partners or other Responsible Parties:** *(Use a separate sheet of paper if additional space is needed.)*

Name:	Title:	SSN/ITIN
-------	--------	----------

Mailing Address:	City:	State:	Zip:
------------------	-------	--------	------

Name:	Title:	SSN/ITIN
-------	--------	----------

Mailing Address:	City:	State:	Zip:
------------------	-------	--------	------

Name:	Title:	SSN/ITIN
-------	--------	----------

Mailing Address:	City:	State:	Zip:
------------------	-------	--------	------

**Business Entity Type:**

<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole-Proprietor
<input type="checkbox"/> S-Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other: _____

**How is the entity treated for Federal purposes?**

<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole-Proprietor
--------------------------------------	--------------------------------------	--

**What Federal form was filed with the IRS in 2019?**

<input type="checkbox"/> Corporate Return (1120)	<input type="checkbox"/> Partnership Return (1065)	<input type="checkbox"/> Sole-Proprietor (1040)
<input type="checkbox"/> Other: _____		<input type="checkbox"/> None

**Is the entity already registered with the Pennsylvania (PA) Department of Revenue?**  Yes\*  No

*\* If Yes, enter the Revenue ID Number: \_\_\_\_\_ Or, enter an Account ID: \_\_\_\_\_*

**SECTION II NEW PA REGISTRATION** *(Online PA100 can be found at [www.pa100.state.pa.us](http://www.pa100.state.pa.us))*

**As a result of this communication has the business completed the PA100?**

Yes, the business has registered under the Revenue ID indicated on the form or has added additional taxes to an existing Revenue ID.

No, the business did not complete the PA100.

**SECTION III BUSINESS ACTIVITY** *(Use a separate sheet of paper if additional space is needed.)*

**Describe the business's activity including products and services provided to PA customers:**

**Does this business store property or inventory in PA?**  Yes\*  No

*\* If Yes, enter the date the business began storing property in PA: \_\_\_\_\_*

