Business Activity Questionnaire

INSTRUCTIONS:

Complete all sections of the Business Activity Questionnaire and Email to <u>ra-rv-brtm-discovery@pa.gov</u> or Fax to (717) 425-2952.

SECTION I BUSINESS INF	ORMATION								
Legal Name:				Telephone Number:					
Business Location Street:		City	City:		State:	Zip:			
Tax ID Number:	Tax ID Type: ■ Federal Entity Identification Number (FEIN) ■ Social Security Number (SSN) ■ Individual Taxpayer Identification Number (ITIN)								
Enter the following information for	Owners, Officers, Partn	ers or ot	her Respons	ible Partie	es: (Use a separ	ate 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:			Zip:			
Business Entity Type:									
■ Corporation ■ Limited Liability C ■ S-Corporation ■ Partnership			Company Sole-Prop						
How is the entity treated for Federal Corporation	al purposes? ■ Partnership			Sole-Pr	oprietor				
What Federal form was filed with t Corporate Return (1120) Other:	Partnership Retur			Sole-Pro None	oprietor (1040))			
Is the entity already registered with the Pennsylvania (PA) Department of Revenue?									
* If Yes, enter the Revenue ID Number:		0	r, enter an Ac	count ID: _					
	STRATION (Online PA100 car			te.pa.us)					
As a result of this communication h	•								
Yes, the business has registered unde		l on the fo	rm or has add	led additior	nal taxes to ar	existing Revenue ID.			
No, the business did not complete th									
·	TIVITY (Use a separate sheet of								
Describe the business's activity including products and services provided to PA customers:									
Does this business store property o * If Yes, enter the date the business beg				■ Yes	*	No			
,	storing property iii i A.								

Sales to PA customers are made by: (Mark all the	hat apply.)								
■ This Business ■ M	Marketplace Facilitator ■ Other* ■ Not Applicable								
* If Other is selected, provide an explanation in Section IV, Business Information for Other.									
Enter the value of property or inventory in PA during 2019: \$									
Enter the amount of gross sales to PA customers in 2019: \$									
Enter the amount of taxable sales to PA customers in 2019: \$									
Taxable Services and Products: For information regarding PA taxable products and services, refer to the PA Retailer's Information Guide, REV 717 available on the Department's web site at www.revenue.pa.gov .									
SECTION IV MARKETPLACES AND OTHER BUSINESS INFORMATION (Use a separate sheet of paper if additional space is needed.)									
Marketplace Facilitator:			FEIN/ITIN:						
Street:	C	City:	State	Zip					
Telephone Number:	Website:		1						
If this marketplace/retailer is a foreign business entity,	enter their US loc	cation or affiliation if known:							
Affiliated Business Name:									
Street:	C	City:	State	Zip					
Marketplace Facilitator:			FEIN/ITIN:						
Street:	C	City:	State	Zip					
Telephone Number:	Website:		·						
If this marketplace/retailer is a foreign business entity, enter their US location or affiliation if known:									
Affiliated Business Name:									
Street:	C	City:	State	Zip					
Other* Name:			FEIN/ITIN:	\ :					
Street:	C	City:	State	Zip					
Telephone Number:	Website:								
* If sales are made by Other selected above in Section III, provide an explanation:									
SECTION V BUSINESS'S ONLINE STORES									
Provide the web address(es) for any of this business's own websites:									
SECTION VI BUSINESS REPRESENTATIVE									
Representative Name (Printed):		Title:	Email:						
Signature:		Date:	Telephone Num	ber:					