

MAIL COMPLETED APPLICATION TO:
DEPARTMENT OF REVENUE
BUREAU OF BUSINESS TRUST FUND TAXES
PO BOX 280901
HARRISBURG, PA 17128-0901



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.

- 1. NEW REGISTRATION
2. ADDING TAX(ES) & SERVICE(S)
3. REACTIVATING TAX(ES) & SERVICE(S)
4. ADDING ESTABLISHMENT(S)
5. INFORMATION UPDATE
6. DID THIS ENTERPRISE:
ACQUIRE ALL OR PART OF ANOTHER BUSINESS?
RESULT FROM A CHANGE IN LEGAL STRUCTURE...
UNDERGO A MERGER, CONSOLIDATION, DISSOLUTION, OR OTHER RESTRUCTURING?

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
7. ENTERPRISE TELEPHONE NUMBER
8. ENTERPRISE STREET ADDRESS
9. ENTERPRISE MAILING ADDRESS
10. LOCATION OF ENTERPRISE RECORDS
11. ESTABLISHMENT NAME
12. NUMBER OF ESTABLISHMENTS
13. PA SCHOOL DISTRICT
14. PA MUNICIPALITY

* ENTERPRISES WITH ONE OR MORE ESTABLISHMENTS WITHIN PA, WHOSE PA ADDRESS WAS NOT ENTERED ABOVE, MUST COMPLETE SECTION 17. (SEE GENERAL INSTRUCTIONS AND SECTION 17 FOR MORE INFORMATION.)

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.

Table with columns for tax/service type, previous account number, and checkboxes. Includes items like CIGARETTE DEALER'S LICENSE, SALES TAX EXEMPT STATUS, SALES, USE, HOTEL OCCUPANCY TAX LICENSE, etc.

SECTION 4 - AUTHORIZED SIGNATURE

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

Form for authorized signature with fields for signature, name, title, daytime telephone number, e-mail address, and 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) GENERAL PARTNERSHIP ASSOCIATION 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 PARTNERSHIP 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 (IRC) 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 %	
10. HOME ADDRESS (street)		CITY/TOWN		COUNTY		STATE	
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 ON PAGES 20 & 21 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 PRODUCTS OR SERVICES ASSOCIATED WITH EACH BUSINESS ACTIVITY AND THE PERCENTAGE REPRESENTING THE TOTAL RECEIPTS OR REVENUES.

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, Support & Remediation Services					
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. _____%. SINGLE ESTABLISHMENT ENTERPRISES ENTER 100%. MULTIPLE ESTABLISHMENT ENTERPRISES ENTER PERCENTAGE OF ENTERPRISE (SEE SECTION 17).
- 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%

4. YES NO DOES THIS ENTERPRISE WANT TO BECOME A PENNSYLVANIA LOTTERY RETAILER?

ENTERPRISE NAME

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 9 - ESTABLISHMENT EMPLOYMENT INFORMATION

PART 1

- 1. YES NO DOES THIS ESTABLISHMENT EMPLOY INDIVIDUALS WHO WORK IN PENNSYLVANIA? IF YES, INDICATE:
a. DATE WAGES FIRST PAID (MM/DD/YYYY)
b. DATE WAGES RESUMED FOLLOWING A BREAK IN EMPLOYMENT
c. TOTAL NUMBER OF EMPLOYEES
d. NUMBER OF EMPLOYEES PRIMARILY WORKING IN NEW BUILDING OR INFRASTRUCTURE
e. NUMBER OF EMPLOYEES PRIMARILY WORKING IN REMODELING CONSTRUCTION
f. ESTIMATED GROSS WAGES PER QUARTER \$.00
g. NAME OF WORKERS' COMPENSATION INSURANCE COMPANY
1. POLICY NUMBER EFFECTIVE START DATE END DATE
2. AGENCY NAME DAYTIME TELEPHONE NUMBER ()
MAILING ADDRESS CITY/TOWN STATE ZIP CODE + 4
3. IF THIS ENTERPRISE DOES NOT HAVE WORKERS' COMPENSATION INSURANCE, CHECK ONE:
a. THIS ESTABLISHMENT EMPLOYS ONLY EXCLUDED WORKERS
b. THIS ESTABLISHMENT HAS ZERO EMPLOYEES
c. THIS ESTABLISHMENT RECEIVED APPROVAL TO SELF-INSURE BY THE PA BUREAU OF WORKERS' COMPENSATION
IF ITEM 3c. IS CHECKED, PROVIDE PA WORKERS' COMPENSATION BUREAU CODE
2. YES NO DOES THIS ESTABLISHMENT EMPLOY PA RESIDENTS WHO WORK OUTSIDE OF PENNSYLVANIA? IF YES, INDICATE:
a. DATE WAGES FIRST PAID (MM/DD/YYYY)
b. DATE WAGES RESUMED FOLLOWING A BREAK IN EMPLOYMENT
c. ESTIMATED GROSS WAGES PER QUARTER \$.00
3. YES NO DOES THIS ESTABLISHMENT PAY REMUNERATION FOR SERVICES TO PERSONS YOU DO NOT CONSIDER EMPLOYEES? IF YES, EXPLAIN THE SERVICES PERFORMED

PART 2

- 1. YES NO IS THIS REGISTRATION A RESULT OF A TAXABLE DISTRIBUTION FROM A BENEFIT TRUST, DEFERRED PAYMENT, OR RETIREMENT PLAN FOR PA RESIDENTS? IF YES, INDICATE:
a. DATE BENEFITS FIRST PAID (MM/DD/YYYY)
b. ESTIMATED BENEFITS PAID PER QUARTER \$.00

SECTION 10 - BULK SALE/TRANSFER INFORMATION

IF ASSETS WERE ACQUIRED IN BULK FROM MORE THAN ONE ENTERPRISE, PHOTOCOPY THIS SECTION AND PROVIDE THE FOLLOWING INFORMATION ABOUT EACH SELLER/TRANSFEROR.

- 1. YES NO DID THE ENTERPRISE ACQUIRE 51% OR MORE OF ANY CLASS OF THE PA ASSETS OF ANOTHER ENTERPRISE? SEE THE CLASS OF ASSETS LISTED BELOW.
2. YES NO DID THE ENTERPRISE ACQUIRE 51% OR MORE OF THE TOTAL ASSETS OF ANOTHER ENTERPRISE?

IF THE ANSWER TO EITHER QUESTION IS YES, PROVIDE THE FOLLOWING INFORMATION ABOUT THE SELLER/TRANSFEROR.

3. SELLER/TRANSFEROR NAME 4. FEDERAL EIN
5. SELLER/TRANSFEROR STREET ADDRESS CITY/TOWN STATE ZIP CODE + 4
6. DATE ASSETS ACQUIRED 7. ASSETS ACQUIRED:
ACCOUNTS RECEIVABLE EQUIPMENT INVENTORY NAME AND/OR GOODWILL
CONTRACTS FIXTURES LEASES REAL ESTATE
CUSTOMERS/CLIENTS FURNITURE MACHINERY OTHER

IMPORTANT: IF, IN ADDITION TO ACQUIRING ASSETS IN BULK, THE ENTERPRISE ALSO ACQUIRED ALL OR PART OF A PREDECESSOR'S BUSINESS, SECTION 14 MUST BE COMPLETED. IF THE ENTERPRISE IS ACQUIRING 51% OR MORE OF ANY CLASS OF PA ASSETS AND/OR 51% OF THE TOTAL ASSETS OF ANOTHER ENTERPRISE THE SELLER MUST OBTAIN A BULK SALE CLEARANCE CERTIFICATE. REFER TO INSTRUCTIONS ON PAGE 22.

ENTERPRISE NAME

SECTION 11 – CORPORATION INFORMATION

1. DATE OF INCORPORATION	2. STATE OF INCORPORATION	3. CERTIFICATE OF AUTHORITY DATE (NON-PA CORP.)	4. COUNTRY OF INCORPORATION
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5. YES NO IS THIS CORPORATION'S STOCK PUBLICLY TRADED?

6. CHECK THE APPROPRIATE BOX(ES) TO DESCRIBE THIS CORPORATION:

CORPORATION: STOCK PROFESSIONAL NON-STOCK COOPERATIVE MANAGEMENT STATUTORY CLOSE

BANK: STATE FEDERAL

MUTUAL THRIFT: STATE FEDERAL

INSURANCE PA COMPANY: NON-PA

7. S CORPORATION: FEDERAL IN ACCORDANCE WITH ACT NO.67 OF 2006, A CORPORATION WITH FEDERAL SUB-CHAPTER S STATUS IS CONSIDERED A PA S CORPORATION. IN ORDER NOT TO BE TAXED AS A PA S CORPORATION, REV-976 MUST BE FILED. THE FORM CAN BE ACCESSED AT WWW.REVENUE.STATE.PA.US, FORMS AND PUBLICATIONS, CORPORATION TAX.

COMPLETING THIS FORM WILL NOT FULFILL THE REQUIREMENT TO REGISTER FOR CORPORATE TAXES. REGISTERING CORPORATIONS MUST CONTACT THE PA DEPARTMENT OF STATE TO SECURE CORPORATE NAME CLEARANCE AND REGISTER FOR CORPORATION TAX PURPOSES. CONTACT THE PA DEPARTMENT OF STATE AT (717) 787-1057, OR VISIT www.paopenforbusiness.state.pa.us.

SECTION 12 – REPORTING & PAYMENT METHODS

1. THE DEPARTMENT OF REVENUE REQUIRES THAT ANY ENTERPRISE MAKING PAYMENTS EQUAL TO OR GREATER THAN \$20,000 REMIT PAYMENTS VIA ONE OF THE FOLLOWING ELECTRONIC METHODS: ELECTRONIC FUNDS TRANSFER (EFT); ELECTRONIC TAX INFORMATION AND DATA EXCHANGE SYSTEM (e-TIDES); TELEFILE SYSTEM OR CREDIT CARD. AN ENTERPRISE, REGARDLESS OF AMOUNT, IS ENCOURAGED TO REMIT TAX PAYMENTS ELECTRONICALLY.
- a. YES NO DOES THIS ENTERPRISE MEET THE DEPARTMENT OF REVENUE'S REQUIREMENTS FOR ELECTRONIC PAYMENTS?
- b. YES NO DOES THIS ENTERPRISE WANT TO PARTICIPATE IN THE DEPARTMENT OF REVENUE'S ELECTRONIC PROGRAMS?
2. YES NO IF THIS ENTERPRISE IS A NON-PROFIT ORGANIZATION THAT IS EXEMPT UNDER IRC 501(c)(3), OR POLITICAL SUB-DIVISIONS, IS IT INTERESTED IN RECEIVING INFORMATION ABOUT THE DEPARTMENT OF LABOR & INDUSTRY'S OPTION OF FINANCING UC COSTS UNDER THE REIMBURSEMENT METHOD IN LIEU OF THE CONTRIBUTORY METHOD? FOR MORE DETAILS, REFER TO SECTION 12 INSTRUCTIONS.

THE DEPARTMENT OF LABOR & INDUSTRY REQUIRES THAT ANY ENTERPRISE WITH 250 OR MORE WAGE ENTRIES PER QUARTERLY REPORT, FILE THE WAGE INFORMATION VIA MAGNETIC MEDIA. ANY MAGNETIC REPORTING FILE MUST BE SUBMITTED FOR COMPATIBILITY WITH THE DEPARTMENT OF LABOR & INDUSTRY'S FORMAT. CONTACT THE MAGNETIC MEDIA REPORTING UNIT AT (717) 783-5802 FOR MORE INFORMATION.

THE COMMONWEALTH STRONGLY RECOMMENDS THAT ENTERPRISES USE ELECTRONIC FILING AND PAYMENT OPTIONS FOR CERTAIN PENNSYLVANIA TAXES AND SERVICES. INFORMATION ABOUT INTERNET FILING OPTIONS CAN BE FOUND ON THE e-TIDES WEB SITE AT www.etides.state.pa.us.

SECTION 13 – GOVERNMENT STRUCTURE

1. IS THE ENTERPRISE A:
- GOVERNMENT BODY GOVERNMENT OWNED ENTERPRISE GOVERNMENT & PRIVATE SECTOR OWNED ENTERPRISE
2. IS THE GOVERNMENT:
- DOMESTIC/USA FOREIGN/NON-USA MULTI-NATIONAL
3. IF DOMESTIC, IS THE GOVERNMENT:
- FEDERAL LOCAL: COUNTY BOROUGH
- STATE GOVERNOR'S JURISDICTION CITY SCHOOL DISTRICT
- STATE NON-GOVERNOR'S JURISDICTION TOWN OTHER _____
- TOWNSHIP