COMMONWEALTH OF PENNSYLVANIA
PA ENTERPRISE REGISTRATION FORM

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

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 (if different than legal name)
7. ENTERPRISE TELEPHONE NUMBER
8. ENTERPRISE STREET ADDRESS (do not use PO Box) CITY/TOWN COUNTY STATE ZIP CODE + 4
9. ENTERPRISE MAILING ADDRESS (if different than street address) CITY/TOWN STATE ZIP CODE + 4
10. LOCATION OF ENTERPRISE RECORDS (street address) CITY/TOWN STATE ZIP CODE + 4
11. ESTABLISHMENT NAME (doing business as)
12. NUMBER OF ESTABLISHMENTS *
13. PA SCHOOL DISTRICT
14. PA MUNICIPALITY

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.

- CIGARETTE DEALER’S LICENSE
- CORPORATION TAXES
- EMPLOYER WITHHOLDING TAX
- FUELS TAX PERMIT
- LIQUID FUELS TAX PERMIT
- MOTOR CARRIERS ROAD TAX/IFTA
- PROMOTER LICENSE
- PUBLIC TRANSPORTATION ASSISTANCE TAX LICENSE
- SALES TAX EXEMPT STATUS

- SALES, USE, HOTEL OCCUPANCY TAX LICENSE
- SMALL GAMES OF CHANCE LIC./CERT.
- TRANSIENT VENDOR CERTIFICATE
- UNEMPLOYMENT COMPENSATION
- USE TAX
- VEHICLE RENTAL TAX
- WHOLESALER CERTIFICATE
- WORKERS’ COMPENSATION COVERAGE

SECTION 4 – AUTHORIZED SIGNATURE

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

AUTHORIZED SIGNATURE (ATTACH POWER OF ATTORNEY IF APPLICABLE)

DAYTIME TELEPHONE NUMBER ( )

TYPE OR PRINT NAME

E-MAIL ADDRESS

DATE

TYPE OR PRINT PREPARER’S NAME

DAYTIME TELEPHONE NUMBER ( )

E-MAIL ADDRESS

DATE
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 ☐ STATE WHERE CHARTERED
   ☐ JOINT VENTURE PARTNERSHIP

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. ☐ OWNER ☐ PARTNER ☐ OFFICER ☐ RESPONSIBLE PARTY
6. TITLE
7. EFFECTIVE DATE OF TITLE
8. PERCENTAGE OF OWNERSHIP %
9. EFFECTIVE DATE OF OWNERSHIP
10. HOME ADDRESS (street) CITY/TOWN COUNTY STATE ZIP CODE + 4
11. THIS PERSON IS RESPONSIBLE TO REMIT/Maintain:
   ☐ SALES TAX ☐ EMPLOYER WITHHOLDING TAX ☐ MOTOR FUEL TAXES
   ☐ 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.

<table>
<thead>
<tr>
<th>PA BUSINESS ACTIVITY</th>
<th>%</th>
<th>PRODUCTS OR SERVICES</th>
<th>%</th>
<th>ADDITIONAL PRODUCTS OR SERVICES</th>
<th>%</th>
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<td>Accommodation &amp; Food Services</td>
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<td>Agriculture, Forestry, Fishing, &amp; Hunting</td>
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<td>Art, Entertainment, &amp; Recreation Services</td>
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<td>Communications/Information</td>
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<td>Construction (must complete question 3)</td>
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<td>Domestics (Private Households)</td>
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<td>Educational Services</td>
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<td>Management, Support &amp; Remediation Services</td>
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<td>Manufacturing</td>
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<td>Mining, Quarrying, &amp; Oil/Gas Extraction</td>
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<td>Other Services</td>
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<td>Professional, Scientific, &amp; Technical Services</td>
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<td>Public Administration</td>
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<td>Retail Trade</td>
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<td>Warehousing</td>
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<td>Wholesale Trade</td>
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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.

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

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<th>COUNTY</th>
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## 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. 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 _________________________________
   g. NAME OF WORKERS’ COMPENSATION INSURANCE COMPANY 

   1. POLICY NUMBER _________________________________ EFFECTIVE 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 _________________________________ $______

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 _________________________________ $______

## 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.

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<th>SELLER/TRANSFEROR NAME</th>
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<tr>
<th>SELLER/TRANSFEROR STREET ADDRESS</th>
<th>CITY/TOWN</th>
<th>STATE</th>
<th>ZIP CODE + 4</th>
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<th>6. DATE ASSETS ACQUIRED</th>
<th>7. ASSETS ACQUIRED:</th>
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<td>ACCOUNTS RECEIVABLE</td>
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<td>EQUIPMENT</td>
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<td>INVENTORY</td>
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<td>NAME AND/OR GOODWILL</td>
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<td>LEASES</td>
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<td>REAL ESTATE</td>
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<td>CUSTOMERS/CLIENTS</td>
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<td>MACHINERY</td>
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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.
**SECTION 11 – CORPORATION INFORMATION**

<table>
<thead>
<tr>
<th>1. DATE OF INCORPORATION</th>
<th>2. STATE OF INCORPORATION</th>
<th>3. CERTIFICATE OF AUTHORITY DATE (NON-PA CORP.)</th>
<th>4. COUNTRY OF INCORPORATION</th>
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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 ☐ BANK: ☐ STATE MUTUAL THRIFT: ☐ STATE INSURANCE ☐ PA
- ☐ NON-STOCK ☐ COOPERATIVE ☐ FEDERAL ☐ FEDERAL COMPANY: ☐ NON-PA
- MANAGEMENT ☐ STATUTORY CLOSE


COMPLETING THIS FORM WILL NOT FULLFILL 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 ☐ STATE GOVERNOR'S JURISDICTION ☐ STATE NON-GOVERNOR'S JURISDICTION
   ☐ LOCAL: ☐ COUNTY ☐ CITY ☐ TOWN ☐ TOWNSHIP
   ☐ BOROUGH ☐ SCHOOL DISTRICT ☐ OTHER ________________