

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE
BUREAU OF BUSINESS TRUST FUND TAXES
PO BOX 280901
HARRISBURG, PA 17128-0901

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PENNSYLVANIA
**ENTERPRISE
REGISTRATION
FORM AND INSTRUCTIONS**

AUXILIARY AIDS AND SERVICES ARE AVAILABLE UPON REQUEST TO INDIVIDUALS WITH DISABILITIES.
EQUAL OPPORTUNITY EMPLOYER/PROGRAM.

DETACH AND MAIL COMPLETED REGISTRATION FORM TO:

COMMONWEALTH OF PA • DEPARTMENT OF REVENUE • BUREAU OF BUSINESS TRUST FUND TAXES • PO BOX 280901 • HARRISBURG, PA 17128-0901

PENNSYLVANIA ENTERPRISE REGISTRATION

The Pennsylvania Enterprise Registration Form (PA-100) must be completed by enterprises to register for certain taxes and services administered by the PA Department of Revenue and the PA Department of Labor & Industry. The form is also designed to be used by previously registered enterprises to register for additional taxes and services, reactivate a tax or service, or notify both Departments that additional establishment locations have been added. The form is also used to request the Unemployment Compensation Experience Record and Reserve Account Balance of a Predecessor.

For registration assistance, contact:
 (717) 787-1064, Monday through Friday 8 AM to 4:30 PM (EST); Service for Customers with special hearing and/or speaking needs (TT only) 1-800-447-3020.

What is an enterprise?

An enterprise is any individual or organization, sole-proprietorship, partnership, corporation, government organization, business trust, association, etc., which is subject to the laws of the Commonwealth of Pennsylvania and performs at least one of the following:

- Pays wages to employees
- Offers products for sale to others
- Offers services for sale to others
- Collects donations
- Collects taxes
- Is allocated use of tax dollars
- Has a name which is intended for use and, by that name, is to be recognized as an organization engaged in economic activity.

What is an establishment?

An establishment is an economic unit, generally at a single physical location where:

- Business is conducted inside PA
- Business is conducted outside PA with reporting requirements to PA
- PA residents are employed, inside or outside of PA.

The enterprise and the establishment may have the same physical location.

Multiple establishments exist if the following apply:

- Business is conducted at multiple locations.
- Distinct and separate economic activities involving separate employees are performed at a single location. Each activity may be treated as a separate establishment as long as separate reports can be prepared for the number of employees, wages and salaries, or sales and receipts.

How to complete the registration form:

- **New registrants** must complete every item in Sections 1 through 10 and additional sections as indicated.
- **Registered enterprises** must complete every item in Sections 1 through 6 and additional sections as indicated.
- Section 5 has indicators to direct the registrant to additional sections.
- To determine the registration requirements for a specific tax service and/or license, see pages 2 and 3.
- Type or print legibly using black ink.
- Enter all dates in MM/DD/YYYY format (E.G. 01/01/2005).
- Retain a copy of the completed registration form for your records.

How to avoid delays in processing:

- Review the registration form and accompanying sections to be sure that every item is complete. The preparer will be contacted to supply information if required sections are not completed.
- Enclose payment for license or registration fees, payable to **PA Department of Revenue**.
- If a quarterly UC Report/payment is submitted, attach a separate check payable to **PA Unemployment Compensation Fund**.
- Sign the registration form.
- Remove completed pages from the booklet, arrange in sequential order, and mail to the PA Department of Revenue.

It is your responsibility to **notify the Bureau of Business Trust Fund Taxes** in writing within 30 days of any change to the information provided on the registration form.

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.

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THE FOLLOWING CHART WILL HELP DETERMINE THE SECTIONS OF THIS BOOKLET THAT SHOULD BE COMPLETED FOR VARIOUS TAX TYPES.

COMPLETE THE SECTIONS THAT APPLY TO YOUR ENTERPRISE.

- New registrants should complete Sections 1 through 10 plus the sections indicated.
- Previous registrants should complete Sections 1 through 6 plus the additional sections indicated.

TAXES AND SERVICES	REQUIREMENTS	SECTIONS TO COMPLETE
<p>CIGARETTE TAX IS AN EXCISE TAX IMPOSED ON THE SALE OR POSSESSION OF CIGARETTES. A DEALER IS ANY CIGARETTE STAMPING AGENT, WHOLESALER, OR RETAILER.</p>	<ul style="list-style-type: none"> • CIGARETTE DEALER'S LICENSE • SALES TAX LICENSE (RETAILER) 	<ul style="list-style-type: none"> • SECTION 19 • SECTION 18
<p>CORPORATE NET INCOME AND CAPITAL STOCK FRANCHISE TAXES ARE IMPOSED ON DOMESTIC AND FOREIGN CORPORATIONS, CERTAIN BUSINESS TRUSTS, AND LIMITED LIABILITY COMPANIES WHICH ARE REGISTERED AND/OR TRANSACTING BUSINESS WITHIN THE COMMONWEALTH OF PENNSYLVANIA. SUBJECTIVITY TO SPECIFIC CORPORATION TAXES IS DETERMINED BY THE TYPE OF CORPORATE ORGANIZATION AND THE ACTIVITY CONDUCTED.</p> <ul style="list-style-type: none"> • FINANCIAL INSTITUTIONS TAXES: THE BANK AND TRUST COMPANY SHARES TAX IS IMPOSED ON EVERY BANK AND TRUST COMPANY HAVING CAPITAL STOCK AND CONDUCTING BUSINESS IN PENNSYLVANIA. DOMESTIC TITLE INSURANCE COMPANIES ARE SUBJECT TO THE TITLE INSURANCE COMPANY SHARES TAX. THE MUTUAL THRIFT INSTITUTIONS TAX IS IMPOSED ON SAVINGS INSTITUTIONS, SAVINGS BANKS, SAVINGS AND LOAN ASSOCIATIONS, AND BUILDING AND LOAN ASSOCIATIONS CONDUCTING BUSINESS IN PENNSYLVANIA. CREDIT UNIONS ARE NOT SUBJECT TO TAX. • GROSS PREMIUMS TAX IS LEVIED ON DOMESTIC AND FOREIGN INSURANCE COMPANIES. THE YEARLY GROSS PREMIUMS RECEIVED FORM THE TAX BASE. GROSS PREMIUMS ARE PREMIUMS, PREMIUM DEPOSITS, OR ASSESSMENTS, FOR BUSINESS TRANSACTED IN PENNSYLVANIA. • GROSS RECEIPTS TAX IS LEVIED ON PIPELINE, CONDUIT, WATER NAVIGATION AND TRANSPORTATION COMPANIES; TELEPHONE, TELEGRAPH AND MOBILE TELECOMMUNICATIONS COMPANIES; ELECTRIC LIGHT, WATER POWER AND HYDROELECTRIC COMPANIES; AND FREIGHT AND OIL TRANSPORTATION COMPANIES. THE TAX IS BASED ON GROSS RECEIPTS FROM PASSENGERS, BAGGAGE AND FREIGHT TRANSPORTED WITHIN PENNSYLVANIA; TELEGRAPH AND TELEPHONE MESSAGES TRANSMITTED WITHIN PENNSYLVANIA; AND SALES OF ELECTRICITY IN PENNSYLVANIA. • PUBLIC UTILITY REALTY TAX IS LEVIED AGAINST CERTAIN ENTITIES FURNISHING UTILITY SERVICES. PENNSYLVANIA IMPOSES THIS TAX ON PUBLIC UTILITY REALTY IN LIEU OF LOCAL REAL ESTATE TAXES AND DISTRIBUTES THE LOCAL REALTY TAX EQUIVALENT TO LOCAL TAXING AUTHORITIES. • OTHER CORPORATION TAXES: THIS GROUP IS COMPOSED PRIMARILY OF THE CORPORATE LOANS TAX, THE COOPERATIVE AGRICULTURAL ASSOCIATION AND ELECTRIC COOPERATIVE CORPORATION TAXES. 	<ul style="list-style-type: none"> • REGISTRATION WITH PA DEPARTMENT OF STATE • FORMS MUST BE OBTAINED FROM PA DEPARTMENT OF STATE • REGISTRATION WITH FEDERAL OR STATE AUTHORITY THAT GRANTED CHARTER • REGISTRATION WITH PA DEPARTMENT OF INSURANCE • REGISTRATION WITH PA PUBLIC UTILITY COMMISSION • REGISTRATION WITH PA PUBLIC UTILITY COMMISSION • REGISTRATION WITH PA DEPARTMENT OF STATE 	<ul style="list-style-type: none"> • SECTION 11
<p>EMPLOYER WITHHOLDING IS THE WITHHOLDING OF PENNSYLVANIA PERSONAL INCOME TAX BY EMPLOYERS FROM COMPENSATION PAID TO PENNSYLVANIA RESIDENT EMPLOYEES FOR WORK PERFORMED INSIDE OR OUTSIDE OF PENNSYLVANIA AND NONRESIDENT EMPLOYEES FOR WORK PERFORMED INSIDE PENNSYLVANIA. (SEE UNEMPLOYMENT COMPENSATION DEFINITION)</p>		<ul style="list-style-type: none"> • SECTION 9
<p>LIQUID FUELS AND FUELS TAX IS AN EXCISE TAX IMPOSED ON ALL LIQUID FUELS AND FUELS USED OR SOLD AND DELIVERED BY DISTRIBUTORS WITHIN PENNSYLVANIA, EXCEPT THOSE DELIVERED TO EXEMPT PURCHASERS. LIQUID FUELS INCLUDE GASOLINE, GASOHOL, JET FUEL, AND AVIATION GASOLINE. FUELS INCLUDE CLEAR DIESEL FUEL AND KEROSENE. ADDITIONALLY, THE LIQUID FUELS AND FUELS TAX ACT TAXES ALTERNATIVE FUELS (i.e. HIGHWAY FUELS OTHER THAN LIQUID FUELS OR FUELS) AT A RETAIL/USE TAX LEVEL.</p>	<ul style="list-style-type: none"> • LIQUID FUELS AND FUELS TAX PERMIT 	<ul style="list-style-type: none"> • SECTION 21
<p>MOTOR CARRIERS ROAD TAX IS IMPOSED ON MOTOR CARRIERS ENGAGED IN OPERATIONS ON PENNSYLVANIA HIGHWAYS. A MOTOR CARRIER IS ANY PERSON OR ENTERPRISE OPERATING A QUALIFIED MOTOR VEHICLE USED, DESIGNED, OR MAINTAINED FOR THE TRANSPORTATION OF PERSONS OR PROPERTY WHERE (A) THE POWER UNIT HAS TWO AXLES AND A GROSS OR REGISTERED GROSS WEIGHT GREATER THAN 26,000 POUNDS, (B) THE POWER UNIT HAS THREE AXLES OR MORE REGARDLESS OF WEIGHT, OR (C) VEHICLES ARE USED IN COMBINATION AND THE DECLARED COMBINATION WEIGHT EXCEEDS 26,000 POUNDS OR THE GROSS WEIGHT OF THE VEHICLES EXCEEDS 26,000 POUNDS.</p>	<ul style="list-style-type: none"> • IFTA LICENSE AND IFTA DECALS • PA NON-IFTA VEHICLE REGISTRATION AND PA NON-IFTA DECALS 	<ul style="list-style-type: none"> • SECTION 21

<p>PROMOTER IS ANY ENTERPRISE ENGAGED IN RENTING, LEASING, OR GRANTING PERMISSION TO ANY PERSON TO USE SPACE AT A SHOW FOR THE DISPLAY OR FOR THE SALE OF TANGIBLE PERSONAL PROPERTY OR SERVICES.</p>	<ul style="list-style-type: none"> ● PROMOTER LICENSE 	<ul style="list-style-type: none"> ● SECTION 18
<p>PUBLIC TRANSPORTATION ASSISTANCE FUND TAX IS A TAX OR FEE IMPOSED ON EACH SALE IN PENNSYLVANIA OF NEW TIRES FOR HIGHWAY USE, ON THE LEASE OF MOTOR VEHICLES, AND ON THE RENTAL OF MOTOR VEHICLES. THE TAX IS ALSO LEVIED ON THE STATE TAXABLE VALUE OF UTILITY REALTY OF ENTERPRISES SUBJECT TO THE PUBLIC UTILITY REALTY TAX AND ON PETROLEUM REVENUE OF OIL COMPANIES.</p>	<ul style="list-style-type: none"> ● SALES USE AND HOTEL OCCUPANCY TAX LICENSE ● PUBLIC TRANSPORTATION ASSISTANCE TAX LICENSE 	<ul style="list-style-type: none"> ● SECTION 18
<p>REPORTING AND PAYMENT METHODS OFFER THE ENTERPRISE THE ABILITY TO FILE CERTAIN TAX RETURNS AND MAKE ELECTRONIC PAYMENTS THROUGH THE ELECTRONIC TAX INFORMATION AND DATA EXCHANGE SYSTEM (e-TIDES) OR THE TELEFILE SYSTEM. ELECTRONIC PAYMENT MAY ALSO BE MADE THROUGH ELECTRONIC FUNDS TRANSFER (EFT) OR CREDIT CARD. UNEMPLOYMENT COMPENSATION (UC) WAGES MAY BE REPORTED VIA A MAGNETIC MEDIUM. IN CERTAIN INSTANCES, AN ENTERPRISE MAY ELECT TO FINANCE UC COSTS UNDER A REIMBURSEMENT METHOD RATHER THAN THE CONTRIBUTORY METHOD.</p>	<ul style="list-style-type: none"> ● AUTHORIZATION AGREEMENT 	<ul style="list-style-type: none"> ● SECTION 12
<p>SALES TAX IS AN EXCISE TAX IMPOSED ON THE RETAIL SALE OR LEASE OF TAXABLE, TANGIBLE PERSONAL PROPERTY, AND ON SPECIFIED SERVICES.</p> <ul style="list-style-type: none"> ● HOTEL OCCUPANCY TAX IS AN EXCISE TAX IMPOSED ON EVERY HOTEL OR MOTEL ROOM OCCUPANCY LESS THAN 30 CONSECUTIVE DAYS. ● LOCAL SALES TAX MAY BE IMPOSED IN PHILADELPHIA OR ALLEGHENY COUNTIES, IN ADDITION TO THE STATE SALES AND USE TAX, ON THE RETAIL SALE OR USE OF TANGIBLE PERSONAL PROPERTY AND SERVICES AND ON HOTEL/MOTEL OCCUPANCIES. 	<ul style="list-style-type: none"> ● SALES USE AND HOTEL OCCUPANCY TAX LICENSE ● SALES USE AND HOTEL OCCUPANCY TAX LICENSE ● SALES USE AND HOTEL OCCUPANCY TAX LICENSE 	<ul style="list-style-type: none"> ● SECTION 18 ● SECTION 18 ● SECTION 18
<p>SALES TAX EXEMPT STATUS FOR CHARITABLE AND RELIGIOUS ORGANIZATIONS IS THE QUALIFICATION OF AN INSTITUTION OF PURELY PUBLIC CHARITY TO BE EXEMPT FROM SALES AND USE TAX ON THE PURCHASE OF TANGIBLE PERSONAL PROPERTY OR SERVICES FOR USE IN CHARITABLE ACTIVITY.</p>	<ul style="list-style-type: none"> ● CERTIFICATE OF EXEMPT SALES TAX STATUS 	<ul style="list-style-type: none"> ● SECTION 22
<p>SMALL GAMES OF CHANCE IS THE REGULATION OF LIMITED GAMES OF CHANCE THAT QUALIFIED CHARITABLE AND NON-PROFIT ORGANIZATIONS CAN OPERATE IN PENNSYLVANIA.</p>	<ul style="list-style-type: none"> ● SMALL GAMES OF CHANCE DISTRIBUTOR LICENSE AND/OR ● MANUFACTURER REGISTRATION CERTIFICATE 	<ul style="list-style-type: none"> ● SECTION 20
<p>TRANSIENT VENDOR IS ANY ENTERPRISE WHOSE BUSINESS STRUCTURE IS SOLE PROPRIETOR OR PARTNERSHIP, NOT HAVING A PERMANENT PHYSICAL BUSINESS LOCATION IN PENNSYLVANIA, WHICH SELLS TAXABLE, TANGIBLE PERSONAL PROPERTY OR PERFORMS TAXABLE SERVICES IN PENNSYLVANIA.</p>	<ul style="list-style-type: none"> ● TRANSIENT VENDOR CERTIFICATE 	<ul style="list-style-type: none"> ● SECTION 18
<p>UNEMPLOYMENT COMPENSATION (UC) PROVIDES A FUND FROM WHICH COMPENSATION IS PAID TO WORKERS WHO HAVE BECOME UNEMPLOYED THROUGH NO FAULT OF THEIR OWN. CONTRIBUTIONS ARE REQUIRED TO BE MADE BY ALL EMPLOYERS WHO PAY WAGES TO INDIVIDUALS WORKING IN PA AND WHOSE SERVICES ARE COVERED UNDER THE UC LAW. THIS TAX MAY INCLUDE EMPLOYEE CONTRIBUTIONS WITHHELD BY EMPLOYERS FROM EACH EMPLOYEE'S GROSS WAGES. (SEE EMPLOYER WITHHOLDING DEFINITION)</p> <ul style="list-style-type: none"> ● APPLICATION FOR PA UC EXPERIENCE RECORD AND RESERVE ACCOUNT BALANCE ENABLES THE REGISTERING ENTERPRISE TO BENEFIT FROM A PREDECESSOR'S REPORTING HISTORY. REFER TO THE INSTRUCTIONS TO DETERMINE IF THIS IS ADVANTAGEOUS. 	<ul style="list-style-type: none"> ● APPLICATION FOR EXPERIENCE RECORD AND RESERVE ACCOUNT BALANCE OF PREDECESSOR 	<ul style="list-style-type: none"> ● SECTIONS 7, 9, IF APPLICABLE 10 AND 14 ● SECTIONS 14, 15, IF APPLICABLE, 16
<p>USE TAX IS AN EXCISE TAX IMPOSED ON PROPERTY USED IN PENNSYLVANIA ON WHICH SALES TAX HAS NOT BEEN PAID.</p>	<ul style="list-style-type: none"> ● USE TAX ACCOUNT 	<ul style="list-style-type: none"> ● SECTION 18
<p>VEHICLE RENTAL TAX IS IMPOSED ON RENTAL CONTRACTS BY ENTERPRISES HAVING AVAILABLE FOR RENTAL: (1) 5 OR MORE MOTOR VEHICLES DESIGNED TO CARRY 15 OR LESS PASSENGERS, OR (2) TRUCKS, TRAILERS, OR SEMI-TRAILERS USED IN THE TRANSPORTATION OF PROPERTY. A RENTAL CONTRACT IS FOR A PERIOD OF 29 DAYS OR LESS.</p>	<ul style="list-style-type: none"> ● SALES USE AND HOTEL OCCUPANCY TAX LICENSE ● PTA LICENSE 	<ul style="list-style-type: none"> ● SECTION 18
<p>WHOLESALE CERTIFICATE PERMITS AN ENTERPRISE SOLELY ENGAGED IN SELLING TANGIBLE PERSONAL PROPERTY AND/OR SERVICES FOR RESALE. TO PURCHASE TANGIBLE PERSONAL PROPERTY OR SERVICES FOR RESALE TAX-FREE WHEN USED IN THE NORMAL COURSE OF THE ENTERPRISE'S BUSINESS.</p>	<ul style="list-style-type: none"> ● WHOLESALE CERTIFICATE 	<ul style="list-style-type: none"> ● SECTION 18
<p>WORKERS' COMPENSATION COVERAGE IS MANDATORY AND PROTECTS EMPLOYEES FROM WAGE LOSS BENEFITS AND MEDICAL EXPENSES INCURRED AS A RESULT OF JOB RELATED INJURIES OR DISEASES. EMPLOYERS THAT MAINTAIN WORKERS' COMPENSATION COVERAGE ARE IMMUNE TO LAWSUITS FLOWING FROM WORK-RELATED INJURIES OTHER THAN THOSE ACTIONS FILED UNDER THE WORKERS' COMPENSATION ACT.</p> <p>EVERY EMPLOYER LIABLE UNDER THE PA WORKERS' COMPENSATION ACT SHALL INSURE THE PAYMENT OF COMPENSATION WITH THE STATE WORKMEN'S INSURANCE FUND, OR WITH ANY PRIVATE INSURANCE COMPANY, OR MUTUAL ASSOCIATION OR COMPANY, AUTHORIZED TO INSURE SUCH LIABILITY IN THIS COMMONWEALTH OR BY SECURING THE AUTHORITY TO SELF-INSURE. <i>UNLESS ALL</i> EMPLOYEES ARE EXCLUDED FROM THE COVERAGE REQUIREMENTS, AND FALL INTO ONE OR MORE OF THE EXEMPT CATEGORIES, WORKERS' COMPENSATION MUST BE CONTINUALLY MAINTAINED WITH NO INTERRUPTION IN COVERAGE.</p>	<ul style="list-style-type: none"> ● WORKERS' COMPENSATION COVERAGE 	<ul style="list-style-type: none"> ● SECTION 9

SECTION 1 – REASON FOR THIS REGISTRATION

An enterprise may select more than one reason for registration.

1. **New Registration:** An enterprise never registered with the PA Department of Revenue or the PA Department of Labor & Industry must complete Sections 1 through 10 and additional sections as appropriate.
2. **Adding Tax(es) and Service(s):** A registered enterprise adding tax(es) and service(s) must complete Sections 1 through 6 and additional sections as appropriate.
3. **Reactivating Tax(es) and Service(s):** A registered enterprise reactivating tax(es) and service(s) must complete Sections 1 through 6 and additional sections as appropriate.
4. **Adding Establishment(s):** A registered enterprise adding establishment location(s) must complete Sections 1 through 6 and Section 17, Multiple Establishment Information.
5. **Information Update:** A registered enterprise providing changes in demographic or other information must complete Sections 1 through 6 and additional sections as appropriate.
6. **Did this Enterprise:**
An enterprise acquiring the business of another enterprise in whole or in part must complete Section 14, Predecessor/Successor Information. The business can be acquired by purchase, consolidation, merger, gift, or change in legal structure. A stock acquisition *alone* does not constitute a transfer of the business.

Check the appropriate box to indicate the business operation of the enterprise. If yes:

- A newly formed enterprise must complete Sections 1 through 10, Section 14 and additional sections as appropriate.
- A previously registered enterprise must complete Sections 1 through 6, 10, 14 and additional sections as appropriate.
- An enterprise requesting the PA Unemployment Compensation (UC) experience record and reserve account balance of a predecessor (prior owner) must also complete Section 15, Application for PA UC Experience Record and Reserve Account Balance of Predecessor.

SECTION 2 – ENTERPRISE INFORMATION

1. **Date of First Operations:** Enter the first date the enterprise conducted any activity. This includes start-up operations prior to opening for business.
2. **Date of First Operations in PA:** Enter the first date the enterprise conducted any activity in PA or employed PA residents. This includes start-up operations prior to opening for business.
3. **Enterprise Fiscal Year End:** Enter the month (January, February, etc.) used by the enterprise to designate the end of its accounting period.
4. **Enterprise Legal Name:** Enter the legal name of the enterprise.

IF THE BUSINESS STRUCTURE IS:	USE THE:
SOLE PROPRIETORSHIP	INDIVIDUAL OWNER'S NAME.
CORPORATION	NAME AS SHOWN IN THE ARTICLES OF INCORPORATION.
PARTNERSHIP	NAME AS SHOWN IN THE PARTNERSHIP AGREEMENT.
ASSOCIATION	NAME AS SHOWN IN THE ASSOCIATION AGREEMENT.
BUSINESS TRUST	NAME AS SHOWN IN THE TRUST AGREEMENT.
ESTATE	LEGAL NAME OF THE ESTATE.
TRUST	NAME AS SHOWN IN THE TRUST AGREEMENT.
LIMITED LIABILITY COMPANY	NAME AS SHOWN IN THE ARTICLES OF ORGANIZATION.
RESTRICTED PROFESSIONAL COMPANY	NAME AS SHOWN IN THE ARTICLES OF ORGANIZATION.
GOVERNMENT	OFFICIAL/LEGAL NAME OF THE ORGANIZATION.

5. **Federal EIN:** Enter the Federal Employer Identification Number (EIN) assigned to the enterprise by the Internal Revenue Service. If the enterprise does not have an EIN, enter "N/A". If the enterprise has made application for an EIN, enter "Applied For".
6. **Enterprise Trade Name:** Enter the name by which the enterprise is commonly known (doing business as, trading as, also known as), if it is a name other than the legal name. If the enterprise has a fictitious name registered with the PA Department of State, enter it here. If the trade name is the same as the legal name, enter "Same".
7. **Enterprise Telephone Number:** Enter the telephone number for the enterprise.
8. **Enterprise Street Address:** Enter the physical location of the enterprise. **A post office box is not acceptable.**
9. **Enterprise Mailing Address:** Enter the address where the enterprise prefers to receive mail, if at an address other than the enterprise street address. A post office box is acceptable. If the mailing address is the same as the enterprise street address, enter "Same".

To indicate multiple mailing addresses and the purposes, attach a separate 8 1/2 X 11 sheet and identify the purpose of each.

For example, an enterprise may want tax forms or licenses mailed to the enterprise address, but payroll-related forms such as Unemployment Compensation returns mailed to the address of a particular payroll service.
10. **Location of Enterprise Records:** Enter the street address where the enterprise records are kept. A post office box is not acceptable. If the records are kept at the enterprise street address, enter "Same".
11. **Establishment Name:** Enter the name by which the establishment is known to the public; for example, the name on the front of the store. If the same as the enterprise legal name, enter "Same".
12. **Number of Establishments:** Enter the number of establishments. If the enterprise has more than one establishment conducting business in PA or employing PA residents, refer to the instructions and complete Section 17, Multiple Establishment Information.

13. **PA School District:** Enter the school district where the establishment is located. If not a PA school district, enter "N/A".
14. **PA Municipality:** Enter the municipality (borough, city, town, or township) where the establishment is located. The municipality may be different from the city/town used for postal delivery. If not a PA municipality, enter "N/A".

SECTION 6 – OWNERS, PARTNERS, SHAREHOLDERS, OFFICERS, AND RESPONSIBLE PARTY INFORMATION

Identify and provide information on the following:

- The sole proprietor who is 100 percent owner. A sole proprietor must be one individual.
- All general partners and all limited partners who are involved in the daily operation of the business.
- All shareholders (both individuals and enterprises) owning stock. If the stock is publicly traded, identify any shareholder with an equity position of 5 percent or more.
- All officers of the corporation, association, or business trust.
- All individuals responsible for remitting trust fund taxes or maintaining Workers' Compensation Coverage.

1. **Name:** Enter the name(s) of the owner, partner, shareholder, officer, or responsible party of the enterprise. If the owner is another enterprise, enter the legal name of the enterprise.
2. **Social Security Number:** Enter the Social Security Number of the owner, partner, shareholder, officer, or responsible party.
3. **Date of Birth:** Enter the individual's date of birth if applying for a Cigarette Wholesale Dealer's License, a Small Games of Chance Distributor License, or Manufacturer Certificate.
4. **Federal EIN:** Enter the Federal Employer Identification Number (EIN) if the owner, partner, or shareholder is another enterprise.
5. **Type of Ownership/Position:** Check the box(es) to designate if an owner, partner, officer, shareholder, or responsible party.
- 6-9. **Title, Effective Dates, Percentage of Ownership:** Enter the title, effective dates, and percentage of ownership as indicated.
10. **Home Address:** Enter the home street address of the owner, partner, shareholder, officer, or responsible party. If the owner, partner, or shareholder is another enterprise, enter the street address of the enterprise. **A post office box is not acceptable.**
11. **Person Responsible to Remit/Maintain:** Check the appropriate box(es) to indicate the Taxes/Services for which this individual is responsible.

Responsible Party: Please identify the person(s) responsible for remitting Sales Tax, Employer Withholding Tax, Liquid Fuels and Fuels Taxes, or maintaining Workers' Compensation Coverage. Under PA law, a proprietor, a general partner, a corporation's chief operating officer(s), and/or a chief financial officer is responsible for ensuring that collected trust fund taxes are remitted on a timely basis and workers' compensation coverage is maintained when required. Other individuals may also be responsible if their duties, position, or authority over financial matters and decision-making put them in a position to influence the payment of these taxes or maintaining business operation. Failure to remit these taxes in a timely manner or to maintain ongoing workers' compensation coverage when required may result in the personal assessment of a responsible party, together with the possibility of criminal sanctions, if warranted.

Space for additional information of owners, partners, shareholders, officers, and/or responsible parties can be found on page 11. Attach additional 8 1/2 X 11 sheets if necessary.

SECTION 3 – TAXES AND SERVICES

Indicate the tax(es) and service(s) requested. Descriptions, additional requirements and sections to complete are on page(s) 2 and 3. Enter the previous account number(s) when reactivating tax(es) and service(s).

SECTION 4 – AUTHORIZED SIGNATURE

Authorized Signature: Owner, general partner, officer, or agent signature is required. Enter the title and daytime phone number of the person who signed the form. Attach Power of Attorney document, if applicable.

Type or Print Name: Type or print the name of the person who signed the document, enter their e-mail address, and the date it was signed.

Type or Print Name: Type or print the name of the preparer, the title of the person who prepared the form, if other than the owner, partner or officer. Enter the preparer's daytime telephone number, e-mail address, and the date the form was prepared.

SECTION 5 – BUSINESS STRUCTURE

1. Check the box to select the form of organization that applies to the enterprise.
 - A sole proprietor is one individual owner and indicates 100 percent ownership.
 - Two or more individuals listed as owners constitute a partnership and will be registered as one. Registrants for Unemployment Compensation should attach a copy of the partnership agreement, if available.
 - Limited liability companies and restricted professional companies must enter the state/province where chartered.

The following forms of organization require the completion of additional sections:

- Corporation - Complete Section 11, Corporation Information.
 - Government - Complete Section 13, Government Information.
2. Check the box to indicate if the enterprise is profit or non-profit.
 3. If an enterprise is exempt under Section 501(c)(3) of the Internal Revenue Code (IRC), and is also subject to the contribution provisions of the Pennsylvania Unemployment Compensation (UC) Law, it has the option to elect to finance UC costs under the reimbursement method in lieu of the contributory method.

See page 22 of the instructions for further explanations regarding contributory and reimbursement methods of making payments to the Unemployment Compensation Fund.

SECTION 7 – ESTABLISHMENT BUSINESS ACTIVITY INFORMATION

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.

EXAMPLE

PA BUSINESS ACTIVITY	%	PRODUCTS OR SERVICES	%	ADDITIONAL PRODUCTS OR SERVICES	%
CONSTRUCTION	70	BUILDING SINGLE FAMILY HOMES	40	BUILDING APARTMENT BUILDINGS	30
MANUFACTURING					
RETAIL TRADE					
WHOLESALE TRADE	30	WOOD PANELING	30		

PA BUSINESS ACTIVITIES AND TYPICAL PRODUCTS OR SERVICES EXAMPLES.

THIS SECTION IS NOT FOR DETERMINING THE TAXABILITY OF PRODUCTS OR SERVICES, ONLY THE CLASSIFICATION OF PRODUCTS AND SERVICES.

PA BUSINESS ACTIVITY	TYPICAL PRODUCTS OR SERVICES
<p>ACCOMMODATION AND FOOD SERVICES ESTABLISHMENTS ENGAGED IN ACTIVITIES OF THIS SECTOR PROVIDE CUSTOMERS WITH LODGING AND/OR PREPARE MEALS, SNACKS, AND BEVERAGES FOR IMMEDIATE CONSUMPTION.</p>	<p>SPECIFY THE TYPE OF FACILITY WHERE ACTIVITY TAKES PLACE. <i>FOR EXAMPLE:</i> HOTELS MOTELS RV PARKS AND CAMP-GROUNDS VACATION CAMPS FULL/LIMITED SERVICE RESTAURANTS MOBILE FOOD SERVICES AND CATERERS</p>
<p>AGRICULTURE, FORESTRY, FISHING, AND HUNTING ESTABLISHMENTS ENGAGED IN ACTIVITIES OF THIS SECTOR ARE INVOLVED IN GROWING CROPS, RAISING ANIMALS, HARVESTING FISH AND OTHER ANIMALS FROM FARMS, RANCHES, OR ANIMALS' NATURAL HABITATS.</p>	<p>SPECIFY THE TYPE OF CROP GROWN, LIVESTOCK RAISED, FISH CAUGHT, AND FORESTRY WORK. <i>FOR EXAMPLE:</i> CROPS (CORN, WHEAT, APPLE) AND WHETHER UNDER COVER DAIRY CATTLE AND MILK PRODUCTION HUNTING AND TRAPPING SUPPORT ACTIVITIES FOR CROP PRODUCTION/ FORESTRY (AERIAL DUSTING, CULTIVATING SERVICES, FOREST FIRE FIGHTING, PEST CONTROL) NURSERY/TREE PRODUCTIONS CHICKEN (EGG OR MEAT TYPE) TIMBER TRACTS, LOGGING CATTLE RANCHING COMMERCIAL FISHING</p>
<p>ART, ENTERTAINMENT, AND RECREATION SERVICES ESTABLISHMENTS ENGAGED IN ACTIVITIES OF THIS SECTOR ARE OPERATING OR PROVIDING SERVICES TO MEET VARIED CULTURAL, ENTERTAINMENT, AND RECREATIONAL INTERESTS OF THEIR PATRONS.</p>	<p>SPECIFY THE TYPE OF ART, ENTERTAINMENT, AND/OR RECREATION PROVIDED. <i>FOR EXAMPLE:</i> THEATER COMPANIES DANCE COMPANIES MUSICAL GROUPS AND ARTISTS SPORTS TEAMS AND CLUBS RACETRACKS AGENTS AND MANAGERS INDEPENDENT ARTISTS, WRITERS, AND PERFORMERS CASINOS AMUSEMENT AND THEME PARKS RIDING STABLES</p>
<p>COMMUNICATIONS/INFORMATION ESTABLISHMENTS ENGAGED IN ACTIVITIES OF THIS SECTOR ARE DISTRIBUTING INFORMATION AND CULTURAL PRODUCTS, PROVIDING THE MEANS TO TRANSMIT OR DISTRIBUTE THESE PRODUCTS AS DATA OR COMMUNICATIONS, AND PROCESSING DATA.</p>	<p>SPECIFY THE TYPE OF COMMUNICATION/INFORMATION ACTIVITY PERFORMED. <i>FOR EXAMPLE:</i> PUBLISHING (NEWSPAPER, DATABASE, SOFTWARE) MOTION PICTURE/VIDEO PRODUCTION RADIO/TELEVISION BROADCASTING CABLE WIRED/WIRELESS TELECOMMUNICATIONS PAGING ON-LINE INFORMATION SERVICES LIBRARIES AND ARCHIVES</p>
<p>CONSTRUCTION ESTABLISHMENTS ENGAGED IN ACTIVITIES OF THIS SECTOR ARE PRIMARILY ENGAGED IN THE CONSTRUCTION OF BUILDINGS OR ENGINEERING PROJECTS (E.G. HIGHWAYS AND UTILITY SYSTEMS) INCLUDING SITE PREPARATION FOR NEW CONSTRUCTION AND SUBDIVIDING LAND FOR SALE AS BUILDING SITES. ACTIVITIES MAY INCLUDE RESIDENTIAL/COMMERCIAL NEW WORK, ADDITIONS, ALTERATIONS, OR MAINTENANCE AND REPAIRS.</p>	<p>SPECIFY THE TYPE OF CONSTRUCTION. <i>FOR EXAMPLE:</i> GENERAL OR OPERATIVE BUILDERS (RESIDENTIAL OR NONRESIDENTIAL) COMMERCIAL INDUSTRIAL HEAVY (BRIDGES, HIGHWAYS, STREETS) PLUMBING ELECTRIC EXCAVATION</p>
<p>DOMESTICS ESTABLISHMENTS ENGAGED IN ACTIVITIES OF THIS SECTOR ARE COMPRISED OF PRIVATE HOUSEHOLDS ENGAGED IN EMPLOYING WORKERS ON OR ABOUT THE PREMISES IN ACTIVITIES PRIMARILY CONCERNED WITH THE OPERATION OF THE HOUSEHOLD.</p>	<p>SPECIFY THE TYPE OF SERVICE. <i>FOR EXAMPLE:</i> COOKS MAIDS NANNIES BUTLERS GARDENERS CARETAKERS, AND OTHER MAINTENANCE WORKERS</p>
<p>EDUCATIONAL SERVICES ESTABLISHMENTS ENGAGED IN ACTIVITIES OF THIS SECTOR ARE PROVIDING INSTRUCTION AND TRAINING IN A WIDE VARIETY OF SUBJECTS.</p>	<p>SPECIFY THE TYPE OF TRAINING FACILITY. <i>FOR EXAMPLE:</i> SCHOOLS COLLEGES UNIVERSITIES BUSINESS/SECRETARIAL SCHOOLS TRAINING CENTERS (COMPUTER, FLIGHT, TECHNICAL AND</p>
<p>FINANCE ESTABLISHMENTS ENGAGED IN ACTIVITIES OF THIS SECTOR INVOLVE THE CREATION, LIQUIDATION, OR CHANGE IN OWNERSHIP OF FINANCIAL ASSETS (FINANCIAL TRANSACTIONS) AND/OR FACILITATING FINANCIAL TRANSACTIONS.</p>	<p>SPECIFY THE TYPE OF FINANCIAL INSTITUTION, CHARTER, AND TYPE OF FINANCIAL PRODUCTS AND SERVICES OFFERED. <i>FOR EXAMPLE:</i> COMMERCIAL BANKS CREDIT UNIONS SALES FINANCING REAL ESTATE LENDING INVESTMENT BANKING AND SECURITIES DEALING</p>
<p>HEALTH CARE SERVICES ESTABLISHMENTS ENGAGED IN ACTIVITIES OF THIS SECTOR ARE PROVIDING HEALTH CARE FOR INDIVIDUALS.</p>	<p>SPECIFY THE TYPE OF SERVICE PERFORMED. <i>FOR EXAMPLE:</i> AMBULATORY HEALTH CARE PHYSICIANS DENTISTS OPTOMETRISTS MENTAL HEALTH PRACTITIONERS PODIATRISTS OUTPATIENT CARE CENTERS HMO MEDICAL CENTERS KIDNEY DIALYSIS CENTERS MEDICAL AND DIAGNOSTIC LABORATORIES HOME HEALTH CARE SERVICES</p>
<p>INSURANCE ESTABLISHMENTS ENGAGED IN ACTIVITIES OF THIS SECTOR ARE PRIMARILY ENGAGED IN UNDERWRITING ANNUITIES AND INSURANCE POLICIES, OR FACILITATING SUCH UNDERWRITING BY SELLING INSURANCE POLICIES, AND BY PROVIDING OTHER INSURANCE AND EMPLOYEE-BENEFIT RELATED SERVICES.</p>	<p>SPECIFY THE TYPE OF INSURANCE SOLD, AND SPECIFY IF THE INSURANCE IS UNDERWRITTEN BY THE SAME ENTERPRISE. <i>FOR EXAMPLE:</i> DIRECT LIFE HEALTH AND MEDICAL INSURANCE CARRIERS PROPERTY AND CASUALTY TITLE REINSURANCE CLAIMS ADJUSTING FUNDS AND TRUSTS</p>
<p>MANAGEMENT, SUPPORT AND REMEDIATION SERVICES ESTABLISHMENTS ENGAGED IN ACTIVITIES OF THIS SECTOR ARE PERFORMING ROUTINE SUPPORT ACTIVITIES FOR THE DAY-TO-DAY OPERATIONS OF OTHER ORGANIZATIONS. THE ADMINISTRATIVE AND MANAGEMENT ACTIVITIES PERFORMED ARE TYPICALLY ON A CONTRACT OR FEE BASIS. ALTHOUGH THESE ACTIVITIES MAY ALSO BE PERFORMED BY ESTABLISHMENTS THAT ARE PART OF THE COMPANY OR ENTERPRISE.</p>	<p>SPECIFY TYPE OF OFFICE, SUPPORT OR REMEDIATION SERVICES. <i>FOR EXAMPLE:</i> CALL CENTERS TEMPORARY HELP PROFESSIONAL EMPLOYEE ORGANIZATION LANDSCAPE SERVICES TRAVEL AGENCIES WASTE COLLECTIONS AND DISPOSAL HOLDING COMPANIES CREDIT BUREAU CORPORATE OFFICE JANITORIAL SERVICES</p>

PA BUSINESS ACTIVITY	TYPICAL PRODUCTS OR SERVICES														
<p>MANUFACTURING</p> <p>ESTABLISHMENTS ENGAGED IN ACTIVITIES OF THIS SECTOR ARE INVOLVED IN THE MECHANICAL, PHYSICAL, OR CHEMICAL TRANSFORMATION OF MATERIAL, SUBSTANCES, OR COMPONENTS INTO NEW PRODUCTS.</p>	<p>SPECIFY THE PRODUCTS MANUFACTURED AND/OR TYPE OF PLANT & PRINCIPAL PROCESS USED. FOR EXAMPLE:</p> <table border="0"> <tr> <td data-bbox="690 205 933 247">FOOD (FROZEN OR UNFROZEN, CANNED)</td> <td data-bbox="933 205 1161 247">WOOD PRODUCTS (PALLETES, DOORS, WINDOWS)</td> <td data-bbox="1161 205 1399 247">FLEXOGRAPHIC, GRAVURE, QUICK, SCREEN, OR DIGITAL)</td> </tr> <tr> <td data-bbox="690 247 933 279">TEXTILES</td> <td data-bbox="933 247 1161 279">PULP, PAPER, AND PAPER-BOARD</td> <td data-bbox="1161 247 1399 279">CHEMICAL</td> </tr> <tr> <td data-bbox="690 279 933 321">CLOTHING/FOOTWEAR (MEN'S, BOY'S, WOMEN'S, GIRL'S)</td> <td data-bbox="933 279 1161 321">PRINTING (LITHOGRAPH</td> <td data-bbox="1161 279 1399 321">METAL (FERROUS, NONFERROUS, FABRICATED, FORGED, OR STAMPED)</td> </tr> </table>			FOOD (FROZEN OR UNFROZEN, CANNED)	WOOD PRODUCTS (PALLETES, DOORS, WINDOWS)	FLEXOGRAPHIC, GRAVURE, QUICK, SCREEN, OR DIGITAL)	TEXTILES	PULP, PAPER, AND PAPER-BOARD	CHEMICAL	CLOTHING/FOOTWEAR (MEN'S, BOY'S, WOMEN'S, GIRL'S)	PRINTING (LITHOGRAPH	METAL (FERROUS, NONFERROUS, FABRICATED, FORGED, OR STAMPED)			
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<p>MINING, QUARRYING, OIL/GAS EXTRACTION</p> <p>ESTABLISHMENTS ENGAGED IN ACTIVITIES OF THIS SECTOR ARE EXTRACTING NATURALLY OCCURRING MINERAL SOLIDS, SUCH AS COAL AND ORE; LIQUID MINERALS, SUCH AS CRUDE PETROLEUM; AND GASES, SUCH AS NATURAL GAS. THE TERM MINING IS USED IN THE BROAD SENSE TO INCLUDE QUARRYING, WELL OPERATIONS, BENEFICIATING (E.G., CRUSHING, SCREENING, WASHING, AND FLOTATION), AND OTHER PREPARATION CUSTOMARILY PERFORMED AT THE MINE SITE, OR AS PART OF MINING ACTIVITY.</p>	<p>SPECIFY EACH MINERAL OR PRODUCT EXTRACTED, IF SERVICES, DESCRIBE SERVICE AND MINERAL INVOLVED. FOR EXAMPLE:</p> <table border="0"> <tr> <td data-bbox="690 384 933 447">OPERATING AND/OR DEVELOPING OIL AND GAS FIELDS OR CRUDE PETROLEUM AND NATURAL GAS EXTRACTION</td> <td data-bbox="933 384 1161 447">ANTHRACITE COAL MINING (SURFACE OR UNDERGROUND)</td> <td data-bbox="1161 384 1399 447">SUPPORT ACTIVITY, EXCAVATING SLUSH PITS, GEOLOGICAL OBSERVATIONS, GRADING AND BUILDING FOUNDATIONS AT WELL LOCATIONS</td> </tr> <tr> <td data-bbox="690 447 933 489">EXPLORATION FOR CRUDE PETROLEUM, BITUMINOUS, OR</td> <td data-bbox="933 447 1161 489">METAL/NON-METAL ORES GOLD, SILVER, STONE, SAND, REFRACTORY</td> <td></td> </tr> </table>			OPERATING AND/OR DEVELOPING OIL AND GAS FIELDS OR CRUDE PETROLEUM AND NATURAL GAS EXTRACTION	ANTHRACITE COAL MINING (SURFACE OR UNDERGROUND)	SUPPORT ACTIVITY, EXCAVATING SLUSH PITS, GEOLOGICAL OBSERVATIONS, GRADING AND BUILDING FOUNDATIONS AT WELL LOCATIONS	EXPLORATION FOR CRUDE PETROLEUM, BITUMINOUS, OR	METAL/NON-METAL ORES GOLD, SILVER, STONE, SAND, REFRACTORY							
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<p>OTHER SERVICES (EXCEPT PUBLIC ADMINISTRATION)</p> <p>ESTABLISHMENTS ENGAGED IN ACTIVITIES OF THIS SECTOR ARE PROVIDING SERVICES NOT ELSEWHERE SPECIFIED, INCLUDING REPAIRS, RELIGIOUS ACTIVITIES, GRANT MAKING, ADVOCACY, LAUNDRY, PERSONAL CARE, DEATH CARE, AND OTHER PERSONAL SERVICES.</p>	<p>SPECIFY THE TYPE OF SERVICE PROVIDED. FOR EXAMPLE:</p> <table border="0"> <tr> <td data-bbox="690 531 933 552">AUTOMOTIVE</td> <td data-bbox="933 531 1161 552">COMMUNICATION</td> <td data-bbox="1161 531 1399 552">BARBER</td> </tr> <tr> <td data-bbox="690 552 933 573">ELECTRONIC</td> <td data-bbox="933 552 1161 573">COMMERCIAL AND INDUSTRIAL MACHINERY REPAIRS</td> <td data-bbox="1161 552 1399 573">BEAUTY AND NAIL SALONS</td> </tr> <tr> <td data-bbox="690 573 933 594">COMPUTER</td> <td></td> <td data-bbox="1161 573 1399 594">PET CARE (GROOMING, AND/OR BOARDING)</td> </tr> </table>			AUTOMOTIVE	COMMUNICATION	BARBER	ELECTRONIC	COMMERCIAL AND INDUSTRIAL MACHINERY REPAIRS	BEAUTY AND NAIL SALONS	COMPUTER		PET CARE (GROOMING, AND/OR BOARDING)			
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<p>PROFESSIONAL, SCIENTIFIC, AND TECHNICAL SERVICES</p> <p>ESTABLISHMENTS ENGAGED IN ACTIVITIES OF THIS SECTOR ARE PERFORMING PROFESSIONAL, SCIENTIFIC, AND TECHNICAL SERVICES FOR THE OPERATIONS OF OTHER ORGANIZATIONS.</p>	<p>SPECIFY THE TYPE OF SERVICE PROVIDED. FOR EXAMPLE:</p> <table border="0"> <tr> <td data-bbox="690 657 933 678">LEGAL ADVICE AND REPRESENTATION</td> <td data-bbox="933 657 1161 678">ARCHITECTURAL ENGINEERING</td> <td data-bbox="1161 657 1399 678">ADVERTISING</td> </tr> <tr> <td data-bbox="690 678 933 699">ACCOUNTING</td> <td data-bbox="933 678 1161 699">COMPUTER SERVICES</td> <td data-bbox="1161 678 1399 699">PHOTOGRAPHIC</td> </tr> <tr> <td data-bbox="690 699 933 720">BOOKKEEPING</td> <td data-bbox="933 699 1161 720">CONSULTING</td> <td data-bbox="1161 699 1399 720">TRANSLATION AND INTERPRETATION</td> </tr> <tr> <td data-bbox="690 720 933 741">PAYROLL SERVICES</td> <td data-bbox="933 720 1161 741">RESEARCH</td> <td data-bbox="1161 720 1399 741">VETERINARY SERVICES</td> </tr> </table>			LEGAL ADVICE AND REPRESENTATION	ARCHITECTURAL ENGINEERING	ADVERTISING	ACCOUNTING	COMPUTER SERVICES	PHOTOGRAPHIC	BOOKKEEPING	CONSULTING	TRANSLATION AND INTERPRETATION	PAYROLL SERVICES	RESEARCH	VETERINARY SERVICES
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<p>PUBLIC ADMINISTRATION</p> <p>ESTABLISHMENTS ENGAGED IN ACTIVITIES OF THIS SECTOR ARE ADMINISTRATION, MANAGEMENT, AND OVERSIGHT OF PUBLIC PROGRAMS BY FEDERAL, STATE, AND LOCAL GOVERNMENTS.</p>	<p>SPECIFY OFFICE. FOR EXAMPLE:</p> <table border="0"> <tr> <td data-bbox="690 804 933 846">EXECUTIVE OFFICES OF PRESIDENT</td> <td data-bbox="933 804 1161 846">ZONING BOARDS AND COMMISSIONS (PUBLIC ADMINISTRATION)</td> <td data-bbox="1161 804 1399 846">CIVILIAN COURTS OF LAW</td> </tr> <tr> <td data-bbox="690 846 933 888">GOVERNORS AND MAYORS IN ADDITION TO EXECUTIVE ADVISORY COMMISSIONS</td> <td data-bbox="933 846 1161 888">GOVERNMENT URBAN PLANNING COMMISSIONS</td> <td data-bbox="1161 846 1399 888">COURTS OF LAW AND SHERIFFS OFFICES CONDUCTING COURT FUNCTIONS ONLY</td> </tr> </table>			EXECUTIVE OFFICES OF PRESIDENT	ZONING BOARDS AND COMMISSIONS (PUBLIC ADMINISTRATION)	CIVILIAN COURTS OF LAW	GOVERNORS AND MAYORS IN ADDITION TO EXECUTIVE ADVISORY COMMISSIONS	GOVERNMENT URBAN PLANNING COMMISSIONS	COURTS OF LAW AND SHERIFFS OFFICES CONDUCTING COURT FUNCTIONS ONLY						
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<p>REAL ESTATE</p> <p>ESTABLISHMENTS ENGAGED IN ACTIVITIES OF THIS SECTOR ARE RENTING, LEASING, OR OTHERWISE ALLOWING THE USE OF TANGIBLE OR INTANGIBLE ASSETS (EXCEPT COPYRIGHTED WORKS), AND PROVIDING RELATED SERVICES.</p>	<p>SPECIFY THE TYPE OF REAL ESTATE ACTIVITY. FOR EXAMPLE:</p> <table border="0"> <tr> <td data-bbox="690 951 933 993">SELF-STORAGE RENTAL, REAL ESTATE</td> <td data-bbox="933 951 1161 993">CONSUMER GOODS</td> <td data-bbox="1161 951 1399 993">PATENTS</td> </tr> <tr> <td data-bbox="690 993 933 1014">AGENTS/BROKERS</td> <td data-bbox="933 993 1161 1014">COMMERCIAL AND INDUSTRIAL MACHINERY/EQUIPMENT</td> <td data-bbox="1161 993 1399 1014">TRADEMARKS</td> </tr> <tr> <td data-bbox="690 1014 933 1035">CAR RENTAL/LEASING</td> <td></td> <td data-bbox="1161 1014 1399 1035">BRAND NAMES, AND/OR FRANCHISE AGREEMENT</td> </tr> </table>			SELF-STORAGE RENTAL, REAL ESTATE	CONSUMER GOODS	PATENTS	AGENTS/BROKERS	COMMERCIAL AND INDUSTRIAL MACHINERY/EQUIPMENT	TRADEMARKS	CAR RENTAL/LEASING		BRAND NAMES, AND/OR FRANCHISE AGREEMENT			
SELF-STORAGE RENTAL, REAL ESTATE	CONSUMER GOODS	PATENTS													
AGENTS/BROKERS	COMMERCIAL AND INDUSTRIAL MACHINERY/EQUIPMENT	TRADEMARKS													
CAR RENTAL/LEASING		BRAND NAMES, AND/OR FRANCHISE AGREEMENT													
<p>RETAIL TRADE</p> <p>ESTABLISHMENTS ENGAGED IN ACTIVITIES OF THIS SECTOR RETAIL MERCHANDISE, GENERALLY IN SMALL QUANTITIES, TO THE GENERAL PUBLIC, AND PROVIDE SERVICES INCIDENTAL TO THE SALE OF THE MERCHANDISE.</p>	<p>SPECIFY THE DIFFERENT TYPES OF RETAIL STORES. FOR EXAMPLE:</p> <table border="0"> <tr> <td data-bbox="690 1077 933 1098">DEPARTMENT STORES</td> <td data-bbox="933 1077 1161 1098">CLOTHING AND GROCERY</td> <td data-bbox="1161 1077 1399 1098">VENDING MACHINES AND STREET VENDORS (EXCEPT FOOD)</td> </tr> <tr> <td data-bbox="690 1098 933 1119">FURNITURE STORES</td> <td data-bbox="933 1098 1161 1119">IN-HOME DEMONSTRATION, INFOMERCIALS</td> <td></td> </tr> </table>			DEPARTMENT STORES	CLOTHING AND GROCERY	VENDING MACHINES AND STREET VENDORS (EXCEPT FOOD)	FURNITURE STORES	IN-HOME DEMONSTRATION, INFOMERCIALS							
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FURNITURE STORES	IN-HOME DEMONSTRATION, INFOMERCIALS														
<p>SANITARY SERVICE</p> <p>ESTABLISHMENTS ENGAGED IN ACTIVITIES IN THIS SECTOR ARE INVOLVED IN THE COLLECTION, TREATMENT, AND DISPOSAL OF WASTE MATERIALS NOT THROUGH SEWER SYSTEMS OR SEWAGE TREATMENT FACILITIES.</p>	<p>SPECIFY THE TYPE OF SERVICE PROVIDED. FOR EXAMPLE:</p> <table border="0"> <tr> <td data-bbox="690 1171 933 1192">LOCAL HAULING OF WASTE MATERIALS</td> <td data-bbox="933 1171 1161 1192">SEPTIC PUMPING</td> <td data-bbox="1161 1171 1399 1192">SOLID WASTE LANDFILLS</td> </tr> <tr> <td data-bbox="690 1192 933 1213">REMEDICATION SERVICES</td> <td data-bbox="933 1192 1161 1213">HAZARDOUS AND NON-HAZARDOUS WASTE TRANSFER STATIONS</td> <td data-bbox="1161 1192 1399 1213">COMBUSTORS AND INCINERATORS</td> </tr> </table>			LOCAL HAULING OF WASTE MATERIALS	SEPTIC PUMPING	SOLID WASTE LANDFILLS	REMEDICATION SERVICES	HAZARDOUS AND NON-HAZARDOUS WASTE TRANSFER STATIONS	COMBUSTORS AND INCINERATORS						
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REMEDICATION SERVICES	HAZARDOUS AND NON-HAZARDOUS WASTE TRANSFER STATIONS	COMBUSTORS AND INCINERATORS													
<p>SOCIAL ASSISTANCE SERVICE</p> <p>ESTABLISHMENTS ENGAGED IN ACTIVITIES OF THIS SECTOR PROVIDE A WIDE VARIETY OF SOCIAL ASSISTANCE SERVICES DIRECTLY TO THEIR CLIENTS. THESE SERVICES DO NOT INCLUDE RESIDENTIAL OR ACCOMMODATION SERVICES, EXCEPT ON A SHORT STAY BASIS.</p>	<p>SPECIFY THE TYPE OF SERVICE PROVIDED. FOR EXAMPLE:</p> <table border="0"> <tr> <td data-bbox="690 1287 933 1308">YOUTH CENTERS</td> <td data-bbox="933 1287 1161 1308">TEMPORARY SHELTERS</td> <td data-bbox="1161 1287 1399 1308">CHILD DAY CARE</td> </tr> <tr> <td data-bbox="690 1308 933 1329">ADOPTION AGENCIES</td> <td data-bbox="933 1308 1161 1329">SERVICES FOR ELDERLY AND PERSONS WITH DISABILITIES</td> <td></td> </tr> </table>			YOUTH CENTERS	TEMPORARY SHELTERS	CHILD DAY CARE	ADOPTION AGENCIES	SERVICES FOR ELDERLY AND PERSONS WITH DISABILITIES							
YOUTH CENTERS	TEMPORARY SHELTERS	CHILD DAY CARE													
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<p>TRANSPORTATION</p> <p>ESTABLISHMENTS ENGAGED IN ACTIVITIES OF THIS SECTOR PROVIDE TRANSPORTATION OF PASSENGERS AND CARGO, SCENIC AND SIGHTSEEING TRANSPORTATION, AND SUPPORT ACTIVITIES RELATED TO MODES OF TRANSPORTATION.</p>	<p>SPECIFY THE TYPE OF TRANSPORTATION MODE. FOR EXAMPLE:</p> <table border="0"> <tr> <td data-bbox="690 1402 933 1444">AIR (SPECIFY SCHEDULED OR NONSCHEDULED; PASSENGER OR FREIGHT)</td> <td data-bbox="933 1402 1161 1444">GREAT LAKES</td> <td data-bbox="1161 1402 1399 1444">BUS</td> </tr> <tr> <td data-bbox="690 1444 933 1476">RAIL, DEEP SEA, COASTAL, AND</td> <td data-bbox="933 1444 1161 1476">TRUCKING (GENERAL OR SPECIALIZED LONG-DISTANCE OR LOCAL)</td> <td data-bbox="1161 1444 1399 1476">TAXI</td> </tr> <tr> <td></td> <td></td> <td data-bbox="1161 1476 1399 1486">SCHOOL BUS</td> </tr> <tr> <td></td> <td></td> <td data-bbox="1161 1486 1399 1497">LIMOUSINE</td> </tr> </table>			AIR (SPECIFY SCHEDULED OR NONSCHEDULED; PASSENGER OR FREIGHT)	GREAT LAKES	BUS	RAIL, DEEP SEA, COASTAL, AND	TRUCKING (GENERAL OR SPECIALIZED LONG-DISTANCE OR LOCAL)	TAXI			SCHOOL BUS			LIMOUSINE
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		LIMOUSINE													
<p>UTILITIES</p> <p>ESTABLISHMENTS ENGAGED IN ACTIVITIES OF THIS SECTOR PROVIDE ELECTRIC POWER, NATURAL GAS, STEAM SUPPLY, WATER SUPPLY, AND SEWAGE REMOVAL. THE SPECIFIC ACTIVITIES ASSOCIATED WITH THE UTILITY SERVICES PROVIDED VARY BY UTILITY: ELECTRIC POWER INCLUDES GENERATION, TRANSMISSION, AND DISTRIBUTION; NATURAL GAS INCLUDES DISTRIBUTION; STEAM SUPPLY INCLUDES PROVISION AND/OR DISTRIBUTION; WATER SUPPLY INCLUDES TREATMENT AND DISTRIBUTION; AND SEWAGE REMOVAL INCLUDES COLLECTION, TREATMENT, AND DISPOSAL OF WASTE THROUGH SEWER SYSTEMS AND SEWAGE TREATMENT FACILITIES.</p>	<p>SPECIFY THE TYPE OF SERVICE. FOR EXAMPLE:</p> <table border="0"> <tr> <td data-bbox="690 1518 933 1539">ELECTRIC</td> <td data-bbox="933 1518 1161 1539">TRANSMISSION</td> <td data-bbox="1161 1518 1399 1539">SEWAGE TREATMENT FACILITIES</td> </tr> <tr> <td data-bbox="690 1539 933 1560">HYDROELECTRIC</td> <td data-bbox="933 1539 1161 1560">DISTRIBUTION</td> <td></td> </tr> <tr> <td data-bbox="690 1560 933 1581">NUCLEAR</td> <td data-bbox="933 1560 1161 1581">WATER TREATMENT AND/OR</td> <td></td> </tr> <tr> <td data-bbox="690 1581 933 1602">FOSSIL FUEL</td> <td data-bbox="933 1581 1161 1602">WATER SUPPLY SYSTEMS</td> <td></td> </tr> </table>			ELECTRIC	TRANSMISSION	SEWAGE TREATMENT FACILITIES	HYDROELECTRIC	DISTRIBUTION		NUCLEAR	WATER TREATMENT AND/OR		FOSSIL FUEL	WATER SUPPLY SYSTEMS	
ELECTRIC	TRANSMISSION	SEWAGE TREATMENT FACILITIES													
HYDROELECTRIC	DISTRIBUTION														
NUCLEAR	WATER TREATMENT AND/OR														
FOSSIL FUEL	WATER SUPPLY SYSTEMS														
<p>WAREHOUSING</p> <p>ESTABLISHMENTS ENGAGED IN ACTIVITIES OF THIS SECTOR ARE PRIMARILY ENGAGED IN OPERATING WAREHOUSING AND STORAGE FACILITIES FOR GENERAL MERCHANDISE, REFRIGERATED GOODS, AND OTHER WAREHOUSE PRODUCTS, WHICH MAY INCLUDE LOGISTICS.</p>	<p>SPECIFY THE TYPE OF STORAGE. FOR EXAMPLE:</p> <table border="0"> <tr> <td data-bbox="690 1686 933 1707">GENERAL WAREHOUSING</td> <td data-bbox="933 1686 1161 1707">REFRIGERATED FARM PRODUCTS</td> <td data-bbox="1161 1686 1399 1707">EXCLUDED ARE RENTING AND LEASING SPACE FOR SELF-STORAGE - SEE REAL ESTATE</td> </tr> </table>			GENERAL WAREHOUSING	REFRIGERATED FARM PRODUCTS	EXCLUDED ARE RENTING AND LEASING SPACE FOR SELF-STORAGE - SEE REAL ESTATE									
GENERAL WAREHOUSING	REFRIGERATED FARM PRODUCTS	EXCLUDED ARE RENTING AND LEASING SPACE FOR SELF-STORAGE - SEE REAL ESTATE													
<p>WHOLESALE TRADE</p> <p>ESTABLISHMENTS ENGAGED IN ACTIVITIES OF THIS SECTOR COMPRISE TWO MAIN TYPES OF ENTERPRISES SELLING OR ARRANGING FOR THE PURCHASE OR SALE OF GOODS FOR RESALE: CAPITAL OR DURABLE NON-CONSUMER GOODS; AND RAW AND INTERMEDIATE MATERIALS AND SUPPLIES USED IN PRODUCTION, AND PROVIDING SERVICES INCIDENTAL TO THE SALE OF THE MERCHANDISE.</p>	<p>SPECIFY THE DIFFERENT TYPES OF TRADERS. FOR EXAMPLE:</p> <table border="0"> <tr> <td data-bbox="690 1801 933 1864">MERCHANT WHOLESALE (DISTRIBUTORS, JOBBERS, DROP SHIPPERS, AND IMPORT/EXPORT MERCHANTS)</td> <td data-bbox="933 1801 1161 1864">BUSINESS TO BUSINESS ELECTRONIC MARKETS</td> <td data-bbox="1161 1801 1399 1864">AGENTS, AND BROKERS ARRANGING SALES AND PURCHASES FOR OTHERS ON A FEE OR COMMISSION BASIS</td> </tr> </table>			MERCHANT WHOLESALE (DISTRIBUTORS, JOBBERS, DROP SHIPPERS, AND IMPORT/EXPORT MERCHANTS)	BUSINESS TO BUSINESS ELECTRONIC MARKETS	AGENTS, AND BROKERS ARRANGING SALES AND PURCHASES FOR OTHERS ON A FEE OR COMMISSION BASIS									
MERCHANT WHOLESALE (DISTRIBUTORS, JOBBERS, DROP SHIPPERS, AND IMPORT/EXPORT MERCHANTS)	BUSINESS TO BUSINESS ELECTRONIC MARKETS	AGENTS, AND BROKERS ARRANGING SALES AND PURCHASES FOR OTHERS ON A FEE OR COMMISSION BASIS													

2. **Percentage:** Enter the percentage that this ESTABLISHMENT'S receipts or revenues represent of the total PA receipts or revenues of the enterprise.
3. Establishments involved in construction business activity must enter the percentages of each type; residential and/or commercial; new and/or renovative. Each set of percentage types should equal 100 percent of the construction activity at this establishment.
4. Check the appropriate box. If yes, a representative of the PA Lottery will call or visit the enterprise to answer questions and explain how to become a licensed Lottery Retailer.

SECTION 8 – ESTABLISHMENT SALES INFORMATION

1. Check the appropriate box to indicate if the establishment is selling products or services subject to Sales Tax in PA. Products and services include the sale and/or repair to tangible personal property, prepared food, rental and leasing of motor vehicles, and rental and leasing of equipment. Complete Section 18 to apply for a PA Sales Tax License.
2. Check the appropriate box to indicate if the establishment is selling cigarettes in PA. Complete Section 18 to apply for a Sales Tax License and Section 19 to apply for a Cigarette Tax License.
3. List each county in PA where taxable sales and/or services are offered or supplied.

SECTION 9 – ESTABLISHMENT EMPLOYMENT INFORMATION

PART 1

1. **a – g** Complete if the establishment employs individuals working in PA. If the principal business activity is not construction, enter "N/A" in items d and e.
Check the appropriate box in g-3 if the establishment is not required to have workers' compensation coverage and provide bureau code.
2. **a – c** Complete if the establishment employs PA residents working outside of PA.
3. Check the appropriate box. If yes, explain the services performed and why you do not consider the individual(s) to be employee(s).

PART 2

1. **a – b** Complete if registering for withholding on taxable benefits paid from a benefit trust, deferred payment, or retirement plan for PA residents.

SECTION 10 – BULK SALE/TRANSFER INFORMATION

A separate copy of Section 10 must be completed for each transferor from which assets were acquired.

Assets include, but are not limited to, any stock of goods, wares, or merchandise of any kind, fixtures, machinery, equipment, buildings or real estate, name and/or goodwill. Refer to the form for the class of assets.

1. Indicate if the enterprise has acquired "IN BULK" 51 percent or more of any class of PA assets of another enterprise.
 2. Indicate if the enterprise has acquired "IN BULK" 51 percent or more of the total assets of another enterprise.
- 3-7. Complete if the answer to question 1 or 2 is "Yes".

To obtain a Bulk Sale Clearance Certificate, the seller must complete the Application for Tax Clearance Certificate, REV-181. Pursuant to 72 P. S. § 1403 failure of the purchaser to require this certificate shall render such purchaser liable to the Commonwealth for the unpaid debts owing by the seller or transferor to and including the date of such transfer, whether or not at the time such debts have been settled, assessed, or determined.

SECTION 11 – CORPORATION INFORMATION

All corporations must register with the PA Department of State to secure corporate name clearance and register for corporation tax purposes. To register a new corporation via the Internet or to download the necessary forms, visit www.paopenforbusiness.state.pa.us, or call the PA Department of State at (717) 787-1057.

- 1-6. Describe the corporation.
7. Check the box if the corporation is a federal "S" corporation. In accordance with Act No. 67 of 2006, a Corpora-

tion 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. To obtain this form online visit www.revenue.state.pa.us, or call the PA Department of Revenue at (717) 787-1064.

SECTION 12 – REPORTING & PAYMENT METHODS

1. Payments equal to or greater than \$20,000 to the Department of Revenue must be remitted via an approved EFT method. If a payment of \$20,000 or more is not made via an approved EFT method, the account is subject to a \$500.00 penalty. Taxpayers must register with the PA Department of Revenue to remit payments via EFT.

An enterprise may also participate voluntarily in the Department of Revenue's EFT Program.

2. The Unemployment Compensation Contribution Methods are: **Contributory Method:** Under the contributory method, the amount of employer contributions due is based on a specified percentage of taxable wages. The maximum amount of taxable wages subject to the employer contribution may change from year to year.

For-profit enterprises must pay under the contributory method.

Reimbursement Method: Non-profit enterprises exempt under Section 501(c)(3) of the Internal Revenue Code and political subdivisions of PA who elect the reimbursement method are required to reimburse the UC Fund for all regular benefits paid which are attributable to service with the enterprise.

An enterprise will be assigned the contributory method of payment unless an election for reimbursement coverage is filed and approved by the PA Department of Labor & Industry.

UC Employee Withholding Contributions: Enterprises are required to report gross wages paid to employees, regardless of the method used to finance UC costs (contributory or reimbursement). Enterprises may be required to withhold and remit employee contributions according to Section 301.4(a) of the PA UC Law. The amount of employee contributions due is based on a specified percentage of gross wages. Employee contributions are not credited to an enterprise's reserve account balance, nor are they considered to be contributions for federal certification purposes under the Federal Unemployment Tax Act.

Additional information is available by contacting the nearest Department of Labor & Industry Field Accounting Service Office.

Magnetic Media Filing for UC: Enterprises with 250 or more wage entries are required to report quarterly Unemployment Compensation wages to the Department of Labor & Industry via magnetic media. Non-compliance may result in penalty charges. Any magnetic reporting file must be submitted for compatibility with the Department of Labor & Industry's format.

Electronic Filing: The Commonwealth's Electronic Tax Information and Data Exchange System (e-TIDES) is an Internet based filing and payment system that can be used to simplify reporting requirements for Unemployment Compensation, Employer Withholding Tax and Sales and Use Tax. Using e-TIDES will help your enterprise reduce the costs and delays associated with processing paper tax returns. To learn more about e-TIDES, visit the Web site at www.etides.state.pa.us.

SECTION 16 – UNEMPLOYMENT COMPENSATION PARTIAL TRANSFER INFORMATION

Complete this section if the registering enterprise acquired only part of the predecessor's PA business and is making application for the transfer of a portion of the predecessor's experience record and reserve account balance.

Contact the nearest Department of Labor & Industry Field Accounting Service Office for Replacement UC-2A for Partial Transfer (Form UC-252) or for more information on the Unemployment Compensation (UC) taxable wage base for a specific year. Refer to page 27 for a list of offices.

If the Department of Labor & Industry determines that a transfer of experience is mandatory, the registering enterprise will be required to complete this section and Form UC-252.

1. Enter the exact date wages were first paid in the part of the predecessor's PA business or workforce that was transferred. This date must include any wages paid by known pre-predecessors; that is, any previous owners of the part transferred who had transferred their experience and reserve account balance to any successors, the last of which would be the current predecessor.
2. For each calendar quarter in the table, enter the number of employees who earned **taxable wages** in the part of the predecessor's PA business or workforce that was transferred. Include any quarters applicable to known pre-predecessors. Enter zero for any quarter in which no employees earned taxable wages in the part of the business that was transferred.
3. For each calendar quarter in the table, enter the number of employees who earned **taxable wages** in the part of the predecessor's entire PA business. Include any quarters applicable to known pre-predecessor's. Enter zero for any quarter in which no employees earned taxable wages in the part of the business that was retained.
4. Complete Item 4 only if the part of the business that was transferred was in existence for less than three full calendar years prior to the year of transfer. In item A, enter the number of employees who earned **taxable wages** in the part of the business that was transferred during the period from the first day of the quarter of transfer to the date of transfer. In Item B, enter the number of employees who earned **taxable wages** in the predecessor's entire business during the period from the first day of the quarter of transfer to the date of transfer.
5. Enter the total amount of **taxable wages** applicable to the predecessor's entire PA business for the period from the beginning of the quarter of transfer to the actual date of transfer.

SECTION 17 – MULTIPLE ESTABLISHMENT INFORMATION

When an enterprise has more than one establishment conducting business in PA or employing PA residents, Section 17, Parts 1 through 4 must be completed. Photocopy this section as necessary.

PART 1 - ESTABLISHMENT INFORMATION

1. **Establishment Name:** Enter the name by which this establishment is known to the public; for example, the name on the front of the store.
2. **Date of First Operations:** Enter the first date this establishment conducted any activity in PA or employed PA residents. This includes start-up operations prior to opening for business.
3. **Telephone Number:** Enter the telephone number for this establishment.

4. **Street Address:** Enter the physical location of this establishment. **A post office box is not acceptable.**
5. **PA School District:** Enter the school district where this establishment is located. If not a PA school district enter "N/A".
6. **PA Municipality:** Enter the municipality (borough, city, town or township) where this establishment is located. The municipality may be different from the city/town used for postal delivery. If not a PA municipality, enter "N/A".

PART 2 - ESTABLISHMENT BUSINESS ACTIVITY INFORMATION

Refer to the instructions for Establishment Business Activity Information (Section 7).

PART 3 - ESTABLISHMENT SALES INFORMATION

Refer to the instructions for Establishment Sales Information (Section 8).

PART 4a & b - ESTABLISHMENT EMPLOYMENT INFORMATION

Refer to the instructions for Establishment Employment Information (Section 9).

SECTION 6A – ADDITIONAL OWNERS, PARTNERS, SHAREHOLDERS, OFFICERS, AND RESPONSIBLE PARTY INFORMATION

Refer to the instructions for Owners, Partners, Shareholders, Officers, and Responsible Party Information (Section 6).

SECTION 18 – SALES USE AND HOTEL OCCUPANCY TAX LICENSE, PUBLIC TRANSPORTATION ASSISTANCE TAX LICENSE, VEHICLE RENTAL TAX, TRANSIENT VENDOR CERTIFICATE, PROMOTER LICENSE, OR WHOLESALE CERTIFICATE

PART 1 - SALES, USE AND HOTEL OCCUPANCY TAX, PUBLIC TRANSPORTATION ASSISTANCE TAX, VEHICLE RENTAL TAX, OR WHOLESALE CERTIFICATE

Complete Part 1 to apply for a PA Sales and Use Tax License or a Public Transportation Assistance Tax License that will authorize the enterprise to do any of the functions listed below. Applications for a Wholesale Certificate will only authorize the enterprise to do the function listed in bullet four:

- Collect State and Local **Sales Tax** on taxable sales made within PA. Local Sales and Use Tax is collected in those counties where required by statute.
- Remit State and Local **Use Tax** incurred on property or services used within Pennsylvania where no Sales Tax has been paid to a vendor.
- Collect taxes and fees on leases of motor vehicles, sales of new tires, and rentals of motor vehicles.
- Purchase tangible personal property and/or services for resale in the normal course of business sales tax-free.

PART 2 - TRANSIENT VENDOR CERTIFICATE

Complete Parts 1 and 2 to apply for a Transient Vendor Certificate. The certificate will authorize the enterprise to collect and remit Sales Tax on taxable sales made within PA.

Only enterprises whose business structure is a sole proprietorship or a partnership may apply for a transient vendor certificate.

A Transient Vendor Certificate is needed if the enterprise:

- Does not have a permanent Sales & Use Tax License.

PA-100 (03-09)

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

TYPE OR PRINT LEGIBLY, USE BLACK INK

DEPARTMENT OF REVENUE &
DEPARTMENT OF LABOR AND INDUSTRY

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:
 - YES NO ACQUIRE ALL OR PART OF ANOTHER BUSINESS?
 - YES NO RESULT FROM A CHANGE IN LEGAL STRUCTURE (FOR EXAMPLE, FROM INDIVIDUAL PROPRIETOR TO CORPORATION, PARTNERSHIP TO CORPORATION, CORPORATION TO LIMITED LIABILITY COMPANY, ETC)?
 - YES NO 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 (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	

* 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.

	PREVIOUS ACCOUNT NUMBER		PREVIOUS ACCOUNT NUMBER
<input type="checkbox"/> CIGARETTE DEALER'S LICENSE	_____	<input type="checkbox"/> SALES, USE, HOTEL OCCUPANCY TAX LICENSE	_____
<input type="checkbox"/> CORPORATION TAXES	_____	<input type="checkbox"/> SMALL GAMES OF CHANCE LIC./CERT.	_____
<input type="checkbox"/> EMPLOYER WITHHOLDING TAX	_____	<input type="checkbox"/> TRANSIENT VENDOR CERTIFICATE	_____
<input type="checkbox"/> FUELS TAX PERMIT	_____	<input type="checkbox"/> UNEMPLOYMENT COMPENSATION	_____
<input type="checkbox"/> LIQUID FUELS TAX PERMIT	_____	<input type="checkbox"/> USE TAX	_____
<input type="checkbox"/> MOTOR CARRIERS ROAD TAX/IFTA	_____	<input type="checkbox"/> VEHICLE RENTAL TAX	_____
<input type="checkbox"/> PROMOTER LICENSE	_____	<input type="checkbox"/> WHOLESALER CERTIFICATE	_____
<input type="checkbox"/> PUBLIC TRANSPORTATION ASSISTANCE TAX LICENSE	_____	<input type="checkbox"/> WORKERS' COMPENSATION COVERAGE	_____
<input type="checkbox"/> SALES TAX EXEMPT STATUS	_____		

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 ()	TITLE
TYPE OR PRINT NAME		E-MAIL ADDRESS	DATE
TYPE OR PRINT PREPARER'S NAME			TITLE
DAYTIME TELEPHONE NUMBER ()		E-MAIL ADDRESS	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 %	
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.

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 18 – SALES USE AND HOTEL OCCUPANCY TAX LICENSE, PUBLIC TRANSPORTATION ASSISTANCE TAX LICENSE, VEHICLE RENTAL TAX, TRANSIENT VENDOR CERTIFICATE, PROMOTER LICENSE, OR WHOLESALER CERTIFICATE

PART 1 SALES USE AND HOTEL OCCUPANCY TAX, PUBLIC TRANSPORTATION ASSISTANCE TAX, VEHICLE RENTAL TAX, OR WHOLESALER CERTIFICATE

ENTERPRISES APPLYING FOR A SALES, USE AND HOTEL OCCUPANCY TAX LICENSE, PUBLIC TRANSPORTATION ASSISTANCE TAX LICENSE, VEHICLE RENTAL TAX, AND/OR WHOLESALER CERTIFICATE.

COMPLETE PART 1. SALES TAX COLLECTED MUST BE SEGREGATED FROM OTHER FUNDS AND MUST REMAIN IN THE COMMONWEALTH OF PENNSYLVANIA UNTIL REMITTED TO THE DEPARTMENT OF REVENUE.

IF THE ENTERPRISE IS:

- SELLING TAXABLE PRODUCTS OR SERVICES TO CONSUMERS IN PENNSYLVANIA, ENTER DATE OF FIRST TAXABLE SALE _____
- PURCHASING TAXABLE PRODUCTS OR SERVICES FOR ITS OWN USE IN PENNSYLVANIA AND INCURRING NO SALES TAX, ENTER DATE OF FIRST PURCHASE _____
- SELLING NEW TIRES TO CONSUMERS IN PENNSYLVANIA, ENTER DATE OF FIRST SALE _____
- LEASING OR RENTING MOTOR VEHICLES, ENTER DATE OF FIRST LEASE OR RENTAL _____
- RENTING FIVE OR MORE MOTOR VEHICLES, ENTER DATE OF FIRST RENTAL _____
- CONDUCTING RETAIL SALES IN PENNSYLVANIA AND NOT MAINTAINING A PERMANENT LOCATION IN PA, ENTER DATE OF FIRST TAXABLE SALE _____ (COMPLETE PART 2)
- ACTIVELY PROMOTING SHOWS IN PENNSYLVANIA WHERE TAXABLE PRODUCTS WILL BE OFFERED FOR RETAIL SALE, ENTER DATE OF FIRST SHOW _____ (COMPLETE PART 3)
- ENGAGED SOLELY IN THE SALE OF TANGIBLE PERSONAL PROPERTY AND/OR SERVICES FOR RESALE OR RENTAL, ENTER DATE OF FIRST PURCHASE _____

PART 2 TRANSIENT VENDOR CERTIFICATE

IF THE ENTERPRISE PARTICIPATES IN ANY SHOWS OTHER THAN THOSE LISTED, PROVIDE THE NAME(S) OF THE SHOW(S) AND INFORMATION ABOUT THE SHOW(S) TO THE DEPARTMENT OF REVENUE AT LEAST 10 DAYS PRIOR TO THE SHOW.

PROVIDE THE FOLLOWING INFORMATION FOR EACH SHOW:

1. PROMOTER NUMBER	2. SHOW NAME	3. COUNTY	
4. SHOW ADDRESS (STREET, CITY, STATE, ZIP)		5. START DATE	6. END DATE
1. PROMOTER NUMBER	2. SHOW NAME	3. COUNTY	
4. SHOW ADDRESS (STREET, CITY, STATE, ZIP)		5. START DATE	6. END DATE

ATTACH ADDITIONAL 8 1/2 X 11 SHEETS IF NECESSARY.

PART 3 PROMOTER LICENSE

PROVIDE THE FOLLOWING INFORMATION FOR EACH SHOW:

1. SHOW NAME	2. TYPE OF SHOW	3. START DATE	4. END DATE
5. SHOW ADDRESS (STREET, CITY, STATE, ZIP)		6. COUNTY	7. NBR OF VENDORS
1. SHOW NAME	2. TYPE OF SHOW	3. START DATE	4. END DATE
5. SHOW ADDRESS (STREET, CITY, STATE, ZIP)		6. COUNTY	7. NBR OF VENDORS

ATTACH ADDITIONAL 8 1/2 X 11 SHEETS IF NECESSARY.