

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. <input type="checkbox"/> NEW REGISTRATION<br>2. <input type="checkbox"/> ADDING TAX(ES) & SERVICE(S)<br>3. <input type="checkbox"/> REACTIVATING TAX(ES) & SERVICE(S)<br>4. <input type="checkbox"/> ADDING ESTABLISHMENT(S)<br>5. <input type="checkbox"/> INFORMATION UPDATE | 6. DID THIS ENTERPRISE:<br><input type="checkbox"/> YES <input type="checkbox"/> NO ACQUIRE ALL OR PART OF ANOTHER BUSINESS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO RESULT FROM A CHANGE IN LEGAL STRUCTURE (FOR EXAMPLE, FROM INDIVIDUAL PROPRIETOR TO CORPORATION, PARTNERSHIP TO CORPORATION, CORPORATION TO LIMITED LIABILITY COMPANY, ETC)?<br><input type="checkbox"/> YES <input type="checkbox"/> 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: <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  MANAGEMENT  COOPERATIVE  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](http://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](http://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](http://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