

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



Go Paperless . . .
REGISTER ON THE INTERNET
www.paopen4business.state.pa.us



PENNSYLVANIA
**ENTERPRISE
REGISTRATION
FORM AND INSTRUCTIONS**

DETACH AND MAIL COMPLETED REGISTRATION FORM TO:

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

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 4 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, WHOLESALE, 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>CORPORATION 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 AND TELEGRAPH 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 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 TAXPAYER THE ABILITY TO FILE CERTAIN TAXES THROUGH ELECTRONIC DATA INTERCHANGE (EDI) AND TO MAKE PAYMENT THROUGH ELECTRONIC FUNDS TRANSFER (EFT). 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 THIRTY (30) CONSECUTIVE DAYS. LOCAL SALES TAX MAY BE IMPOSED, 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 IN COUNTIES THAT HAVE ENACTED SUCH ORDINANCES. 	<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 OR RENTAL. TO PURCHASE TANGIBLE PERSONAL PROPERTY OR SERVICES FOR RESALE OR RENTAL SALES 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 EMPLOYERS FROM LIABILITY FOR WAGE LOSS AND MEDICAL BENEFITS INCURRED AS A RESULT OF EMPLOYEES' JOB RELATED INJURIES OR DISEASES.</p> <p>ENTERPRISES WHO EMPLOY AT LEAST ONE EMPLOYEE WHO COULD BE INJURED OR DEVELOP A WORK RELATED DISEASE IN PA OR OUTSIDE OF PA WHILE UNDER A CONTRACT OF HIRE MADE IN PA, IF THE EMPLOYMENT IS PRINCIPALLY LOCALIZED IN PA, NOT PRINCIPALLY LOCALIZED IN ANY STATE, OR PRINCIPALLY LOCALIZED IN ANY STATE WHOSE WORKERS' COMPENSATION LAWS DO NOT APPLY, MUST INSURE THEIR WORKERS' COMPENSATION LIABILITY BY PURCHASING A WORKERS' COMPENSATION POLICY THROUGH AN INSURANCE COMPANY OR BY SECURING THE AUTHORITY TO SELF-INSURE. ENTERPRISES ARE EXCLUDED FROM THE REQUIREMENT TO INSURE THEIR WORKERS' COMPENSATION LIABILITY IF ALL WORKERS EMPLOYED BY IT FALL INTO ONE OR MORE OF THE EXEMPT CATEGORIES.</p>	<ul style="list-style-type: none"> WORKERS' COMPENSATION COVERAGE 	<ul style="list-style-type: none"> SECTION 9

MAIL COMPLETED APPLICATION TO:
DEPARTMENT OF REVENUE
BUREAU OF BUSINESS TRUST FUND TAXES
DEPT. 280901
HARRISBURG, PA 17128-0901
TELEPHONE (717) 772-2340



COMMONWEALTH OF PENNSYLVANIA
PA ENTERPRISE
REGISTRATION FORM

DEPARTMENT USE ONLY

RECEIVED DATE

DEPARTMENT OF REVENUE &
DEPARTMENT OF LABOR AND INDUSTRY

TYPE OR PRINT LEGIBLY, USE BLACK INK

SECTION 1 - REASON FOR THIS REGISTRATION

REFER TO THE INSTRUCTIONS (PAGE 18) AND CHECK THE APPLICABLE BOX(ES) TO INDICATE THE REASON(S) FOR THIS REGISTRATION.

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

SECTION 2 - ENTERPRISE INFORMATION

1. DATE OF FIRST OPERATIONS
2. DATE OF FIRST OPERATIONS IN PA
3. ENTERPRISE FISCAL YEAR END
4. ENTERPRISE LEGAL NAME
5. FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)
6. ENTERPRISE TRADE NAME
7. ENTERPRISE TELEPHONE NUMBER
8. ENTERPRISE STREET ADDRESS
9. ENTERPRISE MAILING ADDRESS
10. LOCATION OF ENTERPRISE RECORDS
11. ESTABLISHMENT NAME
12. NUMBER OF ESTABLISHMENTS
13. SCHOOL DISTRICT
14. MUNICIPALITY

* Enterprises with more than one establishment as defined in the general instructions must complete Section 17.

SECTION 3 - TAXES AND SERVICES

ALL REGISTRANTS MUST CHECK THE APPLICABLE BOX(ES) TO INDICATE THE TAX(ES) AND SERVICE(S) REQUESTED FOR THIS REGISTRATION AND COMPLETE THE CORRESPONDING SECTIONS INDICATED ON PAGES 2 AND 3. IF REACTIVATING ANY PREVIOUS ACCOUNT(S), LIST THE ACCOUNT NUMBER(S) IN THE SPACE PROVIDED.

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

SECTION 4 - AUTHORIZED SIGNATURE

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

Form for authorized signature with fields for signature, name, title, daytime telephone number, e-mail address, and date.

ENTERPRISE NAME

SECTION 5 - BUSINESS STRUCTURE

CHECK THE APPROPRIATE BOX FOR QUESTIONS 1, 2 & 3. IN ADDITION TO SECTIONS 1 THROUGH 10, COMPLETE THE SECTION(S) INDICATED.

1. SOLE PROPRIETORSHIP (INDIVIDUAL) GENERAL PARTNERSHIP ASSOCIATION LIMITED LIABILITY COMPANY
 CORPORATION (Sec. 11) LIMITED PARTNERSHIP BUSINESS TRUST STATE WHERE CHARTERED _____
 GOVERNMENT (Sec. 13) LIMITED LIABILITY PARTNERSHIP ESTATE RESTRICTED PROFESSIONAL COMPANY
 JOINT VENTURE PARTNERSHIP STATE WHERE CHARTERED _____

2. PROFIT NON-PROFIT IS THE ENTERPRISE ORGANIZED FOR PROFIT OR NON-PROFIT?
3. YES NO IS THE ENTERPRISE EXEMPT FROM TAXATION UNDER INTERNAL REVENUE CODE 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 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 ALL PRODUCTS OR SERVICES ASSOCIATED WITH EACH BUSINESS ACTIVITY. ENTER THE PERCENTAGE THAT THE PRODUCTS OR SERVICES REPRESENT OF THE TOTAL RECEIPTS OR REVENUES AT THIS ESTABLISHMENT.

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 of Companies & Enterprises					
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.
 _____ %
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%

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 FIXTURES MACHINERY
CONTRACTS FURNITURE NAME AND/OR GOODWILL
CUSTOMERS/CLIENTS INVENTORY REAL ESTATE
EQUIPMENT LEASES 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.

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
--------------------------	---------------------------	---	-----------------------------

5. YES NO IS THIS CORPORATION'S STOCK PUBLICLY TRADED?

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

CORPORATION: STOCK PROFESSIONAL NON-STOCK COOPERATIVE MANAGEMENT STATUTORY CLOSE

BANK: STATE FEDERAL

MUTUAL THRIFT: STATE FEDERAL

INSURANCE PA COMPANY: NON-PA

7. S-CORPORATION: FEDERAL PENNSYLVANIA (REV-1640 MUST BE FILED TO ELECT PENNSYLVANIA S STATUS.)

SECTION 12 - REPORTING & PAYMENT METHODS

1. THE DEPARTMENT OF REVENUE REQUIRES THAT ANY ENTERPRISE THAT MEETS THE \$20,000 PAYMENT THRESHOLD REMIT PAYMENTS VIA ELECTRONIC FUNDS TRANSFER (EFT). AN ENTERPRISE, REGARDLESS OF AMOUNT, MAY APPLY FOR EFT PAYMENT METHOD.

a. YES NO DOES THIS ENTERPRISE MEET THE DEPARTMENT OF REVENUE'S REQUIREMENTS FOR EFT?
 b. YES NO DOES THIS ENTERPRISE WANT TO PARTICIPATE IN THE DEPARTMENT OF REVENUE'S EFT PROGRAM?

2. YES NO IF THIS ENTERPRISE IS A NON-PROFIT ORGANIZATION THAT IS EXEMPT UNDER IRS 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.

3. 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. AN ENTERPRISE, REGARDLESS OF SIZE, MAY APPLY TO FILE THEIR WAGE INFORMATION VIA MAGNETIC MEDIA.

a. YES NO DOES THIS ENTERPRISE MEET THE DEPARTMENT OF LABOR & INDUSTRY'S THRESHOLD FOR MAGNETIC MEDIA FILING?
 b. YES NO DOES THIS ENTERPRISE WANT TO RECEIVE INFORMATION ABOUT THE MAGNETIC MEDIA FILING METHOD?

INFORMATION ABOUT INTERNET FILING OPTIONS FOR PENNSYLVANIA BUSINESS TAXES CAN BE FOUND ON THE E-TIDES HOME PAGE AT www.etides.state.pa.us

SECTION 13 - GOVERNMENT STRUCTURE

1. IS THE ENTERPRISE A:

GOVERNMENT BODY GOVERNMENT OWNED ENTERPRISE GOVERNMENT & PRIVATE SECTOR OWNED ENTERPRISE

2. IS THE GOVERNMENT:

DOMESTIC/USA FOREIGN/NON-USA MULTI-NATIONAL

3. IF DOMESTIC, IS THE GOVERNMENT:

FEDERAL LOCAL: COUNTY BOROUGH
 STATE GOVERNOR'S JURISDICTION CITY SCHOOL DISTRICT
 STATE NON-GOVERNOR'S JURISDICTION TOWN OTHER _____
 TOWNSHIP

ENTERPRISE NAME

SECTION 14 - PREDECESSOR/SUCCESSOR INFORMATION

COMPLETE THIS SECTION IF THE REGISTERING ENTERPRISE IS WHOLLY OR PARTIALLY SUCCEEDING A PREDECESSOR. FOR ASSISTANCE, CONTACT THE NEAREST DEPARTMENT OF LABOR & INDUSTRY FIELD ACCOUNTING SERVICE OFFICE.

IF THE ENTERPRISE HAS MORE THAN ONE PREDECESSOR, PHOTOCOPY THIS PAGE TO PROVIDE THE FOLLOWING INFORMATION ABOUT EACH.

1. PREDECESSOR LEGAL NAME		2. PREDECESSOR PA UC ACCOUNT NUMBER	
3. PREDECESSOR TRADE NAME		4. PREDECESSOR FEDERAL EIN	
5. PREDECESSOR STREET ADDRESS	CITY/TOWN	STATE	ZIP CODE + 4

6. SPECIFY HOW THE BUSINESS OPERATION WAS ACQUIRED: ACQUISITION OF EXISTING OPERATION CHANGE IN LEGAL STRUCTURE
 CONSOLIDATION GIFT MERGER IRC SEC. 338 ELECTION OTHER (SPECIFY) _____

7. ACQUISITION DATE _____

8. PERCENTAGE OF THE PREDECESSOR'S TOTAL BUSINESS OPERATION (PA AND NON-PA) ACQUIRED _____%

9. PERCENTAGE OF THE PREDECESSOR'S PA BUSINESS OPERATION ACQUIRED _____%

IF LESS THAN 100%, PROVIDE THE NAME(S) AND ADDRESS(ES) OF THE ESTABLISHMENT(S) THAT CONDUCTED OPERATIONS IN PA OR EMPLOYED PA RESIDENTS. ATTACH ADDITIONAL 8 1/2 X 11 SHEETS IF NECESSARY.

NAME OF ESTABLISHMENT(S)	ADDRESS(ES)
--------------------------	-------------

10. WHAT WAS THE PREDECESSOR'S BUSINESS ACTIVITY IN THE PA BUSINESS OPERATION THAT WAS ACQUIRED?

11. ASSETS ACQUIRED: ACCOUNTS RECEIVABLE FURNITURE AND FIXTURES MACHINERY AND EQUIPMENT OTHER (SPECIFY)
 CLIENTS/CUSTOMERS INVENTORIES NAME AND/OR GOODWILL _____
 CONTRACTS LEASES REAL ESTATE

12. YES NO HAS THE PREDECESSOR CEASED PAYING WAGES IN PA? IF YES, ENTER THE DATE PA WAGES CEASED, IF KNOWN. _____

13. YES NO HAS THE PREDECESSOR CEASED OPERATIONS IN PA? IF YES, ENTER THE DATE PA OPERATIONS CEASED, IF KNOWN. _____
IF NO, DESCRIBE THE PREDECESSOR'S PRESENT PA BUSINESS ACTIVITY, IF KNOWN. _____

14. AT THE TIME OF TRANSFER FROM THE PREDECESSOR ENTERPRISE TO THE REGISTERING ENTERPRISE:

a. YES NO WERE ANY OF THE OWNERS, SHAREHOLDERS (5% OR GREATER), PARTNERS, OFFICERS, OR DIRECTORS OF THE PREDECESSOR OR OF ANY AFFILIATE, SUBSIDIARY OR PARENT CORPORATION OF THE PREDECESSOR ALSO OWNERS, SHAREHOLDERS (5% OR GREATER), PARTNERS, OFFICERS, OR DIRECTORS OF THE REGISTERING ENTERPRISE OR OF ANY AFFILIATE, SUBSIDIARY OR PARENT CORPORATION OF THE REGISTERING ENTERPRISE?

b. YES NO WAS THE PREDECESSOR, OR ANY AFFILIATE, SUBSIDIARY OR PARENT CORPORATION OF THE PREDECESSOR, AN OWNER, SHAREHOLDER (5% OR GREATER), OR PARTNER IN THE REGISTERING ENTERPRISE?

c. YES NO WAS THE REGISTERING ENTERPRISE, OR ANY AFFILIATE, SUBSIDIARY OR PARENT CORPORATION OF THE REGISTERING ENTERPRISE, AN OWNER, SHAREHOLDER (5% OR GREATER), OR PARTNER IN THE PREDECESSOR?

IF THE ANSWER TO ANY OF THE QUESTIONS IN 14 IS YES, PROVIDE THE FOLLOWING INFORMATION. ATTACH ADDITIONAL 8 1/2 X 11 SHEETS IF NECESSARY.

- IDENTIFY THOSE PERSONS AND ENTITIES BY THEIR FULL NAME;
- DESCRIBE THEIR RELATIONSHIP TO THE PREDECESSOR AND ANY AFFILIATE, SUBSIDIARY AND PARENT CORPORATION OF THE PREDECESSOR; AND
- DESCRIBE THEIR RELATIONSHIP TO THE REGISTERING ENTERPRISE AND ANY AFFILIATE, SUBSIDIARY AND PARENT CORPORATION OF THE REGISTERING ENTERPRISE.

THE REGISTERING ENTERPRISE MAY APPLY FOR A TRANSFER IN WHOLE OR IN PART OF THE PREDECESSOR'S UNEMPLOYMENT COMPENSATION (UC) EXPERIENCE RECORD AND RESERVE ACCOUNT BALANCE, IF THE REGISTERING ENTERPRISE IS CONTINUING ESSENTIALLY THE SAME BUSINESS ACTIVITY AS THE PREDECESSOR AND BOTH PROVIDED PA COVERED EMPLOYMENT. COMPLETE SECTION 15 AND, IF APPLICABLE, SECTION 16.

NOTE: A REGISTERING ENTERPRISE MAY APPLY THE UC TAXABLE WAGES PAID BY A PREDECESSOR TOWARD THE REGISTERING ENTERPRISE'S UC TAXABLE WAGE BASE FOR THE CALENDAR YEAR OF ACQUISITION WITHOUT TRANSFERRING THE PREDECESSOR'S EXPERIENCE RECORD AND RESERVE ACCOUNT BALANCE.

ENTERPRISE NAME

SECTION 17 - MULTIPLE ESTABLISHMENT INFORMATION

COMPLETE THIS SECTION FOR EACH ADDITIONAL ESTABLISHMENT CONDUCTING BUSINESS IN PA OR EMPLOYING PA RESIDENTS. PHOTOCOPY THIS SECTION AS NECESSARY.

PART 1 ESTABLISHMENT INFORMATION

1. ESTABLISHMENT NAME (doing business as)		2. DATE OF FIRST OPERATIONS		3. TELEPHONE NUMBER ()	
4. STREET ADDRESS		CITY/TOWN	COUNTY	STATE	ZIP CODE + 4
5. SCHOOL DISTRICT			6. MUNICIPALITY		

PART 2 ESTABLISHMENT BUSINESS ACTIVITY INFORMATION

REFER TO THE INSTRUCTIONS 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 ALL PRODUCTS OR SERVICES ASSOCIATED WITH EACH BUSINESS ACTIVITY. ENTER THE PERCENTAGE THAT THE PRODUCTS OR SERVICES REPRESENT OF THE TOTAL RECEIPTS OR REVENUES AT THIS ESTABLISHMENT.

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 of Companies & Enterprises					
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.
_____ %

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%

ENTERPRISE NAME _____

PART 3 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.

PART 4a ESTABLISHMENT EMPLOYMENT INFORMATION

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
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 4b

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 6A - ADDITIONAL 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. PHOTOCOPY IF ADDITIONAL SPACE IS NEEDED.

1. NAME		2. SOCIAL SECURITY NUMBER		3. DATE OF BIRTH *		4. FEDERAL EIN	
5. <input type="checkbox"/> OWNER <input type="checkbox"/> OFFICER <input type="checkbox"/> PARTNER <input type="checkbox"/> SHAREHOLDER <input type="checkbox"/> RESPONSIBLE PARTY		6. TITLE		7. EFFECTIVE DATE OF TITLE		8. PERCENTAGE OF OWNERSHIP %	
10. HOME ADDRESS (street)		CITY/TOWN		COUNTY		STATE	
						ZIP CODE + 4	

11. THIS PERSON IS RESPONSIBLE TO REMIT/MAINTAIN: SALES TAX EMPLOYER WITHHOLDING TAX MOTOR FUEL TAXES
 WORKERS' COMPENSATION COVERAGE

1. NAME		2. SOCIAL SECURITY NUMBER		3. DATE OF BIRTH *		4. FEDERAL EIN	
5. <input type="checkbox"/> OWNER <input type="checkbox"/> OFFICER <input type="checkbox"/> PARTNER <input type="checkbox"/> SHAREHOLDER <input type="checkbox"/> RESPONSIBLE PARTY		6. TITLE		7. EFFECTIVE DATE OF TITLE		8. PERCENTAGE OF OWNERSHIP %	
10. HOME ADDRESS (street)		CITY/TOWN		COUNTY		STATE	
						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.

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.

ENTERPRISE NAME _____

SECTION 19 – CIGARETTE DEALER'S LICENSE

PART 1 LICENSE TYPE

CHECK THE APPROPRIATE BOX(ES) TO INDICATE LICENSE TYPE REQUESTED. A SEPARATE LICENSE MUST BE OBTAINED FOR EACH ESTABLISHMENT THAT SELLS CIGARETTES (CSA, WHOLESALE, RETAIL, AND/OR VENDING). A SEPARATE DECAL MUST BE PURCHASED FOR EACH VENDING MACHINE LOCATION. A CHECK OR MONEY ORDER MUST BE SUBMITTED WITH THIS APPLICATION.

LICENSE TYPE	NUMBER	FEE	AMOUNT REMITTED
<input type="checkbox"/> RETAIL OVER-THE-COUNTER	_____	@ \$ 25 EACH LOCATION	\$ _____
<input type="checkbox"/> VENDING MACHINE (ATTACH A LIST OF LOCATIONS)	_____	@ \$ 25 EACH DECAL	\$ _____
<input type="checkbox"/> WHOLESALER	_____	@ \$ 500 EACH LICENSE	\$ _____
<input type="checkbox"/> CIGARETTE STAMPING AGENT AND WHOLESALER	_____	@ \$ 1,500 EACH LICENSE	\$ _____
TOTAL AMOUNT REMITTED			\$ _____

MAKE CHECKS PAYABLE TO PA DEPARTMENT OF REVENUE

PART 2 CIGARETTE WHOLESALER

LIST CIGARETTE STORAGE LOCATION(S) (P.O. BOXES ARE NOT ACCEPTABLE).

1. STREET ADDRESS _____

CITY/TOWN _____	COUNTY _____	STATE _____	ZIP CODE + 4 _____
-----------------	--------------	-------------	--------------------

2. YES NO HAS ANY OWNER, PARTNER, OFFICER, DIRECTOR, OR MAJOR STOCKHOLDER BEEN CONVICTED OF ANY VIOLATION OF THE PENNSYLVANIA CIGARETTE TAX ACT OR ANY MISDEMEANOR OR FELONY?

IF YES, LIST ALL CONVICTIONS WITHIN THE PREVIOUS 10 YEAR PERIOD. ATTACH ADDITIONAL 8 1/2 X 11 SHEETS IF NECESSARY. _____

3. THE APPLICANT HAS COMPLIED WITH ARTICLE II-A OF THE CIGARETTE SALES AND LICENSING ACT. UNDER PENALTY OF PERJURY, OF ADHERENCE TO STATE PRESUMPTIVE MINIMUM PRICES OR APPROVAL TO SELL AT A DIFFERENT PRICE, IN ACCORDANCE WITH THE ACT:

CIGARETTES WILL BE SOLD AT OR ABOVE THE PRESUMPTIVE MINIMUM PRICE.

CIGARETTES WILL BE SOLD AT AN APPROVED MINIMUM PRICE.

PART 3 CIGARETTE STAMPING AGENT

1. YES NO DOES THE ENTERPRISE PURCHASE OR SELL ANY CIGARETTES WHICH ARE NOT PA STAMPED?

IF YES, LIST STATES: _____

ENTERPRISE NAME _____

SECTION 20 – SMALL GAMES OF CHANCE LICENSE/CERTIFICATE

PART 1 DISTRIBUTOR AND/OR MANUFACTURER

TO BE COMPLETED BY ALL APPLICANTS (DISTRIBUTOR AND/OR MANUFACTURER)

APPLICANTS MUST SUBMIT A COPY OF THE CERTIFICATE OF INCORPORATION, ARTICLES OF INCORPORATION, CERTIFICATE OF AUTHORITY (NON-PA CORPORATIONS), BY-LAWS, CONSTITUTION, OR FICTITIOUS NAME REGISTRATION.

APPLICANTS FOR A MANUFACTURER CERTIFICATE MUST SUBMIT A COPY OF THE COMPANY LOGO(S).

1. CHECK APPROPRIATE BOX(ES) TO INDICATE TYPE OF LICENSE/CERTIFICATE REQUESTED

LICENSE/CERTIFICATE TYPE	FEE	AMOUNT REMITTED
<input type="checkbox"/> DISTRIBUTOR LICENSE	\$ 1,000	\$ _____
<input type="checkbox"/> MANUFACTURER REGISTRATION CERTIFICATE	\$ 2,000	\$ _____
<input type="checkbox"/> REPLACEMENT LICENSE	\$ 100	\$ _____
<input type="checkbox"/> REPLACEMENT CERTIFICATE	\$ 100	\$ _____
NUMBER OF BACKGROUND INVESTIGATIONS FOR OWNERS/OFFICERS, ETC. _____	@ \$ 10	\$ _____
	TOTAL AMOUNT REMITTED	\$ _____

MAKE CHECKS PAYABLE TO PA DEPARTMENT OF REVENUE

IF THE DEPARTMENT DENIES AN APPLICATION, A \$100 APPLICATION PROCESSING FEE SHALL BE RETAINED BY THE DEPARTMENT. NO PART OF THE REGISTRATION OR LICENSE FEE SHALL BE SUBJECT TO PRORATION. NO INVESTIGATION FEE SHALL BE REFUNDED.

2. DISTRIBUTORS AND MANUFACTURERS - PROVIDE THE FOLLOWING INFORMATION FOR THE COMMONWEALTH OF PA RESIDENT DESIGNEE. THE INDIVIDUAL MUST HAVE PHYSICAL LOCATION WITHIN PA.

NAME _____

HOME ADDRESS (STREET)	CITY/TOWN	STATE	ZIP CODE + 4	TELEPHONE NBR. ()
-----------------------	-----------	-------	--------------	-----------------------

3. DISTRIBUTORS AND MANUFACTURERS - PROVIDE THE FOLLOWING INFORMATION FOR ALL INDIVIDUALS RESPONSIBLE FOR TAKING ORDERS AND MAKING SALES OF SMALL GAMES OF CHANCE MERCHANDISE. IF AN INDIVIDUAL RESIDES IN PENNSYLVANIA, INDICATE IF COMMISSION OR NONCOMMISSION.

NAME	TITLE	<input type="checkbox"/> SELLS FOR DISTRIBUTOR	<input type="checkbox"/> COMMISSION
		<input type="checkbox"/> SELLS FOR MANUFACTURER	<input type="checkbox"/> NONCOMMISSION
HOME ADDRESS (STREET)	CITY/TOWN	STATE	ZIP CODE + 4
			TELEPHONE NBR. ()
NAME	TITLE	<input type="checkbox"/> SELLS FOR DISTRIBUTOR	<input type="checkbox"/> COMMISSION
		<input type="checkbox"/> SELLS FOR MANUFACTURER	<input type="checkbox"/> NONCOMMISSION
HOME ADDRESS (STREET)	CITY/TOWN	STATE	ZIP CODE + 4
			TELEPHONE NBR. ()

ATTACH ADDITIONAL 8 1/2 X 11 SHEETS IF NECESSARY

MANUFACTURERS ONLY MUST SUBMIT A CATALOG OF THE SMALL GAMES CHECKED BELOW. IF CATALOG IS UNAVAILABLE, PROVIDE NAME OF GAME(S) AND FORM NUMBER(S), NUMBER OF TICKETS PER DEAL, HIGHEST INDIVIDUAL PRIZE VALUE, AND PERCENTAGE OF PAYOUT.

4. CHECK THE APPROPRIATE BOX(ES) TO INDICATE THE TYPES OF SMALL GAMES DISTRIBUTED OR MANUFACTURED.

- DAILY DRAWINGS WEEKLY DRAWINGS PULL-TABS PUNCHBOARDS RAFFLES DISPENSING MACHINES

PART 2 DISTRIBUTOR

LIST ALL SMALL GAMES OF CHANCE MANUFACTURERS WITH WHOM THE DISTRIBUTOR DOES BUSINESS.

MANUFACTURER'S LEGAL NAME	MANUFACTURER'S CERTIFICATE NBR. M-	TELEPHONE NBR. ()
STREET ADDRESS	CITY/TOWN	STATE
		ZIP CODE +4
MANUFACTURER'S LEGAL NAME	MANUFACTURER'S CERTIFICATE NBR. M-	TELEPHONE NBR. ()
STREET ADDRESS	CITY/TOWN	STATE
		ZIP CODE +4

ATTACH ADDITIONAL 8 1/2 X 11 SHEETS IF NECESSARY

PART 3**SMALL GAMES OF CHANCE CERTIFICATION****MUST BE COMPLETED BY ALL SMALL GAMES OF CHANCE APPLICANTS.**

I CERTIFY THAT THE FOLLOWING TAX STATEMENTS ARE TRUE AND CORRECT

- ALL PA STATE TAX REPORTS AND RETURNS HAVE BEEN FILED
- ALL PA STATE TAXES HAVE BEEN PAID
- ANY PA STATE TAXES OWED ARE SUBJECT TO TIMELY ADMINISTRATIVE OR JUDICIAL APPEAL; OR ANY DELINQUENT PA TAXES ARE SUBJECT TO DULY APPROVED DEFERRED PAYMENT PLAN (COPY ENCLOSED).

I CERTIFY THAT NO OWNER, PARTNER, OFFICER, DIRECTOR, OR OTHER PERSON IN A SUPERVISORY OR MANAGEMENT POSITION, OR EMPLOYEE ELIGIBLE TO MAKE SALES ON BEHALF OF THIS BUSINESS:

- HAS BEEN CONVICTED OF A FELONY IN A STATE OR FEDERAL COURT WITHIN THE PAST FIVE YEARS
- HAS BEEN CONVICTED WITHIN TEN YEARS OF THE DATE OF APPLICATION IN A STATE OR FEDERAL COURT OF A VIOLATION OF THE BINGO LAW OR OF THE LOCAL OPTION SMALL GAMES OF CHANCE ACT, OR A GAMBLING-RELATED OFFENSE UNDER TITLE 18 OF THE PENNSYLVANIA CONSOLIDATED STATUTES OR OTHER COMPARABLE STATE OR FEDERAL LAW
- HAS NOT BEEN REJECTED IN ANY STATE FOR A DISTRIBUTOR LICENSE OR MANUFACTURER REGISTRATION CERTIFICATE, OR EQUIVALENT THERETO.

I DECLARE THAT I HAVE EXAMINED THIS APPLICATION, INCLUDING ALL ACCOMPANYING STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT, AND COMPLETE.

NOTARY	AUTHORIZATION	
SWORN AND SUBSCRIBED TO BEFORE ME THIS _____ DAY OF _____, 20____	_____ SIGNATURE OF AN OWNER, PARTNER, OFFICER, OR DIRECTOR	
_____ NOTARY PUBLIC	_____ PRINT NAME	_____ SOCIAL SECURITY NUMBER
MY COMMISSION EXPIRES _____	_____ TITLE	
_____ NOTARY SEAL	(_____) _____ TELEPHONE NUMBER	_____ CORPORATE SEAL

ENTERPRISE NAME

SECTION 21 - MOTOR CARRIER REGISTRATION & DECAL/MOTOR FUELS LICENSE & PERMIT

PART 1 VEHICLE OPERATIONS

A DECAL IS REQUIRED IF AN ENTERPRISE IS OPERATING A QUALIFIED MOTOR VEHICLE, SEE PAGE 25, PART 1 - VEHICLE OPERATIONS.

CHECK THE APPROPRIATE BOX(ES) TO DESCRIBE THE ENTERPRISE OPERATIONS:

- COMMON CARRIER, CONTRACT CARRIER, FOR HIRE CARRIER, PRIVATE CARRIER

INDICATE THE FUEL TYPES FOR PENNSYLVANIA BASED QUALIFIED MOTOR VEHICLES:

- DIESEL, GASOLINE, ETHANOL/GASOHOL, LP GAS, CNG/LNG

MOTOR CARRIER ROAD TAX/IFTA VEHICLE DECAL REQUESTS

COMPLETE THE FOLLOWING FOR EACH QUALIFIED MOTOR VEHICLE YOU INTEND TO OPERATE IN PENNSYLVANIA DURING THE ENSUING CALENDAR YEAR.

NOTE: DECALS ARE \$5.00 PER SET OF TWO.

- 1. IFTA DECALS (NUMBER OF VEHICLES THAT TRAVEL IN PA AND OUT OF STATE)
2. NON-IFTA DECALS (NUMBER OF VEHICLES THAT TRAVEL IN PA EXCLUSIVELY)
3. TOTAL DECALS REQUESTED (ADD LINES 1 AND 2)
4. TOTAL AMOUNT DUE (MULTIPLY LINE 3 BY \$5)

REMITTANCE SUBMITTED:

- 5. AUTHORIZED ADJUSTMENT (ATTACH ORIGINAL CREDIT NOTICE)
6. CHECK OR MONEY ORDER AMOUNT

MAKE CHECKS PAYABLE TO PA DEPARTMENT OF REVENUE

CHECK THE APPROPRIATE BOX(ES) TO INDICATE THE JURISDICTION(S) WHERE:

COLUMN A - QUALIFIED MOTOR VEHICLES ARE OPERATED

COLUMN B - BULK STORAGE OF DIESEL FUEL IS MAINTAINED

COLUMN C - BULK STORAGE FOR GASOLINE IS MAINTAINED

COLUMN D - BULK STORAGE OF ANY OTHER MOTOR FUEL IS MAINTAINED

Table with columns A, B, C, D for each jurisdiction. Includes states like AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY, AB, BC, MB, NB, NF, NS, NT, ON, PE, PQ, SK, YT.

PART 2 FUELS

CHECK THE APPROPRIATE BOX(ES) IF THE ENTERPRISE WILL SELL, USE, OR TRANSPORT ANY FUELS IN PENNSYLVANIA.

- LIQUID FUELS AND FUELS TAX - YEARLY PERMIT REQUIRED BY WHOLESALE DISTRIBUTORS (E.G. ONE LICENSED TO HANDLE TAX-FREE LIQUID FUELS OR FUELS IN PA) OR AN IMPORTER OR EXPORTER OF LIQUID FUELS OR FUELS. ESTIMATED DATE OF FIRST TAX-FREE LIQUID FUELS PURCHASE OR SALE
ALTERNATIVE FUELS TAX - YEARLY PERMIT REQUIRED BY ALTERNATIVE FUEL DEALER-USERS FOR THE REMISSION OF TAX ON ALTERNATIVE FUELS (HIGHWAY FUELS OTHER THAN LIQUID FUELS OR FUELS) PLACED INTO THE SUPPLY TANK OF A MOTOR VEHICLE FOR USE ON PA HIGHWAYS. ESTIMATED DATE OF FIRST FUELING OF VEHICLES

PROVIDE A LIST OF ALL PA LOCATIONS WHERE LIQUID FUELS OR FUELS WILL BE SOLD.

Table with 5 columns: STREET ADDRESS, CITY/TOWN, COUNTY, STATE, ZIP CODE + 4. Two rows for listing locations.

ATTACH ADDITIONAL 8 1/2 x 11 SHEETS IF NECESSARY

ENTERPRISE NAME

SECTION 22 – SALES TAX EXEMPT STATUS FOR CHARITABLE AND RELIGIOUS ORGANIZATIONS

PART 1

ACT 55 OF 1997, KNOWN AS THE INSTITUTIONS OF PURELY PUBLIC CHARITY ACT, WAS SIGNED INTO LAW ON NOVEMBER 26, 1997. THIS LAW HAS CODIFIED THE REQUIREMENTS AN INSTITUTION MUST MEET IN ORDER TO QUALIFY FOR EXEMPTION, OUTLINING FIVE CRITERIA THAT MUST BE MET. EACH INSTITUTION MUST: (1) ADVANCE A CHARITABLE PURPOSE; (2) DONATE OR RENDER GRATUITOUSLY A SUBSTANTIAL PORTION OF ITS SERVICES; (3) BENEFIT A SUBSTANTIAL AND INDEFINITE CLASS OF PERSONS WHO ARE LEGITIMATE SUBJECTS OF CHARITY; (4) RELIEVE THE GOVERNMENT OF SOME BURDEN; (5) OPERATE ENTIRELY FREE FROM PRIVATE PROFIT MOTIVE.

ORGANIZATIONS OF THE FOLLOWING TYPE DO NOT QUALIFY FOR EXEMPTION STATUS:

- AN ASSOCIATION OF EMPLOYEES, THE MEMBERSHIP OF WHICH IS LIMITED TO THE EMPLOYEES OF A DESIGNATED ENTERPRISE
- A LABOR ORGANIZATION
- AN AGRICULTURAL OR HORTICULTURAL ORGANIZATION
- A BUSINESS LEAGUE, CHAMBER OF COMMERCE, REAL ESTATE BOARD, BOARD OF TRADE, OR PROFESSIONAL SPORT LEAGUE
- A CLUB ORGANIZED FOR PLEASURE OR RECREATION
- A FRATERNAL BENEFICIARY SOCIETY, ORDER, OR ASSOCIATION.

TO APPLY OR RENEW SALES TAX EXEMPTION STATUS, A REV-72 APPLICATION **MUST** BE COMPLETED AND SUBMITTED ALONG WITH THE REQUIRED DOCUMENTATION. THIS APPLICATION CAN BE OBTAINED BY COMPLETING THE BELOW FORM OR CALL (717) 783-5473. SERVICE FOR CUSTOMERS WITH SPECIAL HEARING AND/OR SPEAKING NEEDS (TT ONLY) 1-800-447-3020.

IF THE ORGANIZATION CONDUCTS SALES ACTIVITIES AND IS NOT REGISTERED FOR COLLECTION OF PA SALES TAX, REFER TO SECTION 18 OF THIS BOOKLET.

✍

PART 2

REQUEST FOR SALES TAX EXEMPT STATUS APPLICATION

NAME _____

MAILING ADDRESS _____	CITY/TOWN _____	STATE _____	ZIP CODE + 4 _____
-----------------------	-----------------	-------------	--------------------

**TO REQUEST SALES TAX EXEMPT STATUS APPLICATION
COMPLETE THIS FORM AND RETURN TO:**

PA DEPARTMENT OF REVENUE
BUREAU OF BUSINESS TRUST FUND TAXES
DEPT. 280909
HARRISBURG, PA 17128-0909

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 4 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 4 and additional sections as appropriate.
4. **Adding Establishment(s):** A registered enterprise adding establishment location(s) must complete Sections 1 through 4 and Section 17, Multiple Establishment Information.
5. **Information Update:** A registered enterprise providing changes in demographic or other information must complete Sections 1 through 4 and additional sections as appropriate.
6. **Did this Enterprise:**
An enterprise acquiring the business operation of another enterprise in whole or in part must complete Section 14, Predecessor/Successor Information. The business operation can be acquired by consolidation, merger, gift, or change in legal structure. A stock acquisition alone does not constitute a transfer of the business operation.

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 4, 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 Employer Withholding and 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. **School District:** Enter the school district where the establishment is located. If not a PA school district, enter "N/A".

14. **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 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, 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 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 7 – ESTABLISHMENT BUSINESS ACTIVITY INFORMATION

ENTER THE PERCENTAGE THE PA BUSINESS ACTIVITY REPRESENTS OF THE TOTAL RECEIPTS OR REVENUES AT THIS ESTABLISHMENT. SPECIFY THE PRODUCTS AND/OR SERVICES PROVIDED AT THIS ESTABLISHMENT AND ENTER THE PERCENTAGE EACH REPRESENTS OF THE TOTAL RECEIPTS OR REVENUES AT THIS ESTABLISHMENT.

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></p> <table border="0"> <tr> <td>HOTELS</td> <td>RV PARKS AND CAMP-GROUNDS</td> <td>FULL/LIMITED SERVICE RESTAURANTS</td> </tr> <tr> <td>MOTELS</td> <td>VACATION CAMPS</td> <td>MOBILE FOOD SERVICES AND CATERERS</td> </tr> </table>	HOTELS	RV PARKS AND CAMP-GROUNDS	FULL/LIMITED SERVICE RESTAURANTS	MOTELS	VACATION CAMPS	MOBILE FOOD SERVICES AND CATERERS						
HOTELS	RV PARKS AND CAMP-GROUNDS	FULL/LIMITED SERVICE RESTAURANTS											
MOTELS	VACATION CAMPS	MOBILE FOOD SERVICES AND CATERERS											
<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></p> <table border="0"> <tr> <td>CROPS (CORN, WHEAT, APPLE) AND WHETHER UNDER COVER</td> <td>DAIRY CATTLE AND MILK PRODUCTION</td> <td>HUNTING AND TRAPPING</td> </tr> <tr> <td>NURSERY/TREE PRODUCTIONS</td> <td>CHICKEN (EGG OR MEAT TYPE)</td> <td>SUPPORT ACTIVITIES FOR CROP PRODUCTION/FORESTRY (AERIAL DUSTING, CULTIVATING SERVICES, FOREST FIRE FIGHTING, PEST CONTROL)</td> </tr> <tr> <td>CATTLE RANCHING</td> <td>TIMBER TRACTS, LOGGING</td> <td></td> </tr> <tr> <td></td> <td>COMMERCIAL FISHING</td> <td></td> </tr> </table>	CROPS (CORN, WHEAT, APPLE) AND WHETHER UNDER COVER	DAIRY CATTLE AND MILK PRODUCTION	HUNTING AND TRAPPING	NURSERY/TREE PRODUCTIONS	CHICKEN (EGG OR MEAT TYPE)	SUPPORT ACTIVITIES FOR CROP PRODUCTION/FORESTRY (AERIAL DUSTING, CULTIVATING SERVICES, FOREST FIRE FIGHTING, PEST CONTROL)	CATTLE RANCHING	TIMBER TRACTS, LOGGING			COMMERCIAL FISHING	
CROPS (CORN, WHEAT, APPLE) AND WHETHER UNDER COVER	DAIRY CATTLE AND MILK PRODUCTION	HUNTING AND TRAPPING											
NURSERY/TREE PRODUCTIONS	CHICKEN (EGG OR MEAT TYPE)	SUPPORT ACTIVITIES FOR CROP PRODUCTION/FORESTRY (AERIAL DUSTING, CULTIVATING SERVICES, FOREST FIRE FIGHTING, PEST CONTROL)											
CATTLE RANCHING	TIMBER TRACTS, LOGGING												
	COMMERCIAL FISHING												
<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></p> <table border="0"> <tr> <td>THEATER COMPANIES</td> <td>RACETRACKS</td> <td>AMUSEMENT AND THEME PARKS</td> </tr> <tr> <td>DANCE COMPANIES</td> <td>AGENTS AND MANAGERS</td> <td></td> </tr> <tr> <td>MUSICAL GROUPS AND ARTISTS</td> <td>INDEPENDENT ARTISTS, WRITERS, AND PERFORMERS</td> <td>RIDING STABLES</td> </tr> <tr> <td>SPORTS TEAMS AND CLUBS</td> <td>CASINOS</td> <td></td> </tr> </table>	THEATER COMPANIES	RACETRACKS	AMUSEMENT AND THEME PARKS	DANCE COMPANIES	AGENTS AND MANAGERS		MUSICAL GROUPS AND ARTISTS	INDEPENDENT ARTISTS, WRITERS, AND PERFORMERS	RIDING STABLES	SPORTS TEAMS AND CLUBS	CASINOS	
THEATER COMPANIES	RACETRACKS	AMUSEMENT AND THEME PARKS											
DANCE COMPANIES	AGENTS AND MANAGERS												
MUSICAL GROUPS AND ARTISTS	INDEPENDENT ARTISTS, WRITERS, AND PERFORMERS	RIDING STABLES											
SPORTS TEAMS AND CLUBS	CASINOS												
<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></p> <table border="0"> <tr> <td>PUBLISHING (NEWSPAPER, DATABASE, SOFTWARE)</td> <td>RADIO/TELEVISION BROADCASTING</td> <td>PAGING</td> </tr> <tr> <td>MOTION PICTURE/VIDEO PRODUCTION</td> <td>CABLE</td> <td>ON-LINE INFORMATION SERVICES</td> </tr> <tr> <td></td> <td>WIRED/WIRELESS TELECOMMUNICATIONS</td> <td>LIBRARIES AND ARCHIVES</td> </tr> </table>	PUBLISHING (NEWSPAPER, DATABASE, SOFTWARE)	RADIO/TELEVISION BROADCASTING	PAGING	MOTION PICTURE/VIDEO PRODUCTION	CABLE	ON-LINE INFORMATION SERVICES		WIRED/WIRELESS TELECOMMUNICATIONS	LIBRARIES AND ARCHIVES			
PUBLISHING (NEWSPAPER, DATABASE, SOFTWARE)	RADIO/TELEVISION BROADCASTING	PAGING											
MOTION PICTURE/VIDEO PRODUCTION	CABLE	ON-LINE INFORMATION SERVICES											
	WIRED/WIRELESS TELECOMMUNICATIONS	LIBRARIES AND ARCHIVES											
<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></p> <table border="0"> <tr> <td>GENERAL OR OPERATIVE BUILDERS (RESIDENTIAL OR NONRESIDENTIAL)</td> <td>INDUSTRIAL</td> <td>ELECTRIC</td> </tr> <tr> <td></td> <td>HEAVY (BRIDGES, HIGHWAYS, STREETS)</td> <td>EXCAVATION</td> </tr> <tr> <td>COMMERCIAL</td> <td>PLUMBING</td> <td></td> </tr> </table>	GENERAL OR OPERATIVE BUILDERS (RESIDENTIAL OR NONRESIDENTIAL)	INDUSTRIAL	ELECTRIC		HEAVY (BRIDGES, HIGHWAYS, STREETS)	EXCAVATION	COMMERCIAL	PLUMBING				
GENERAL OR OPERATIVE BUILDERS (RESIDENTIAL OR NONRESIDENTIAL)	INDUSTRIAL	ELECTRIC											
	HEAVY (BRIDGES, HIGHWAYS, STREETS)	EXCAVATION											
COMMERCIAL	PLUMBING												
<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></p> <table border="0"> <tr> <td>COOKS</td> <td>NANNIES</td> <td>GARDENERS</td> </tr> <tr> <td>MAIDS</td> <td>BUTLERS</td> <td>CARETAKERS, AND OTHER MAINTENANCE WORKERS</td> </tr> </table>	COOKS	NANNIES	GARDENERS	MAIDS	BUTLERS	CARETAKERS, AND OTHER MAINTENANCE WORKERS						
COOKS	NANNIES	GARDENERS											
MAIDS	BUTLERS	CARETAKERS, AND OTHER MAINTENANCE WORKERS											
<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></p> <table border="0"> <tr> <td>SCHOOLS</td> <td>BUSINESS/SECRETARIAL SCHOOLS</td> <td>TRADE, APPRENTICESHIP, COSMETOLOGY AND BARBER SCHOOLS</td> </tr> <tr> <td>COLLEGES</td> <td>TRAINING CENTERS (COMPUTER, FLIGHT, TECHNICAL AND</td> <td></td> </tr> <tr> <td>UNIVERSITIES</td> <td></td> <td></td> </tr> </table>	SCHOOLS	BUSINESS/SECRETARIAL SCHOOLS	TRADE, APPRENTICESHIP, COSMETOLOGY AND BARBER SCHOOLS	COLLEGES	TRAINING CENTERS (COMPUTER, FLIGHT, TECHNICAL AND		UNIVERSITIES					
SCHOOLS	BUSINESS/SECRETARIAL SCHOOLS	TRADE, APPRENTICESHIP, COSMETOLOGY AND BARBER SCHOOLS											
COLLEGES	TRAINING CENTERS (COMPUTER, FLIGHT, TECHNICAL AND												
UNIVERSITIES													
<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></p> <table border="0"> <tr> <td>COMMERCIAL BANKS</td> <td>SALES FINANCING</td> <td>INVESTMENT BANKING AND SECURITIES DEALING</td> </tr> <tr> <td>CREDIT UNIONS</td> <td>REAL ESTATE LENDING</td> <td></td> </tr> </table>	COMMERCIAL BANKS	SALES FINANCING	INVESTMENT BANKING AND SECURITIES DEALING	CREDIT UNIONS	REAL ESTATE LENDING							
COMMERCIAL BANKS	SALES FINANCING	INVESTMENT BANKING AND SECURITIES DEALING											
CREDIT UNIONS	REAL ESTATE LENDING												
<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></p> <table border="0"> <tr> <td>AMBULATORY HEALTH CARE</td> <td>MENTAL HEALTH PRACTITIONERS</td> <td>KIDNEY DIALYSIS CENTERS</td> </tr> <tr> <td>PHYSICIANS</td> <td>PODIATRISTS</td> <td>MEDICAL AND DIAGNOSTIC LABORATORIES</td> </tr> <tr> <td>DENTISTS</td> <td>OUTPATIENT CARE CENTERS</td> <td>HOME HEALTH CARE SERVICES</td> </tr> <tr> <td>OPTOMETRISTS</td> <td>HMO MEDICAL CENTERS</td> <td></td> </tr> </table>	AMBULATORY HEALTH CARE	MENTAL HEALTH PRACTITIONERS	KIDNEY DIALYSIS CENTERS	PHYSICIANS	PODIATRISTS	MEDICAL AND DIAGNOSTIC LABORATORIES	DENTISTS	OUTPATIENT CARE CENTERS	HOME HEALTH CARE SERVICES	OPTOMETRISTS	HMO MEDICAL CENTERS	
AMBULATORY HEALTH CARE	MENTAL HEALTH PRACTITIONERS	KIDNEY DIALYSIS CENTERS											
PHYSICIANS	PODIATRISTS	MEDICAL AND DIAGNOSTIC LABORATORIES											
DENTISTS	OUTPATIENT CARE CENTERS	HOME HEALTH CARE SERVICES											
OPTOMETRISTS	HMO MEDICAL CENTERS												
<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></p> <table border="0"> <tr> <td>DIRECT LIFE</td> <td>PROPERTY AND CASUALTY</td> <td>CLAIMS ADJUSTING</td> </tr> <tr> <td>HEALTH AND MEDICAL</td> <td>TITLE</td> <td>FUNDS AND TRUSTS</td> </tr> <tr> <td>INSURANCE CARRIERS</td> <td>REINSURANCE</td> <td></td> </tr> </table>	DIRECT LIFE	PROPERTY AND CASUALTY	CLAIMS ADJUSTING	HEALTH AND MEDICAL	TITLE	FUNDS AND TRUSTS	INSURANCE CARRIERS	REINSURANCE				
DIRECT LIFE	PROPERTY AND CASUALTY	CLAIMS ADJUSTING											
HEALTH AND MEDICAL	TITLE	FUNDS AND TRUSTS											
INSURANCE CARRIERS	REINSURANCE												
<p>MANAGEMENT OF COMPANIES AND ENTERPRISES ESTABLISHMENTS ENGAGED IN ACTIVITIES OF THIS SECTOR ARE HOLDING SECURITIES OF COMPANIES AND ENTERPRISES, FOR THE PURPOSE OF OWNING CONTROLLING INTEREST OR INFLUENCING THEIR MANAGEMENT DECISION, OR ADMINISTERING, OVERSEEING, AND MANAGING OTHER ESTABLISHMENTS OF THE SAME COMPANY OR ENTERPRISE AND NORMALLY UNDERTAKING THE STRATEGIC OR ORGANIZATIONAL PLANNING AND DECISION MAKING OF THE COMPANY OR ENTERPRISE.</p>	<p>SPECIFY TYPE OF OFFICE. <i>FOR EXAMPLE:</i></p> <table border="0"> <tr> <td>OFFICES OF BANK HOLDING COMPANIES</td> <td>CENTRALIZED ADMINISTRATIVE OFFICE</td> <td>HEAD OFFICE</td> </tr> <tr> <td>OFFICES OF OTHER HOLDING COMPANIES</td> <td>CORPORATE OFFICE</td> <td>HOLDING COMPANY THAT MANAGES, OR SUBSIDIARY MANAGEMENT OFFICES</td> </tr> <tr> <td></td> <td>DISTRICT AND REGIONAL OFFICES</td> <td>PROFESSIONAL EMPLOYEE ORGANIZATION</td> </tr> </table>	OFFICES OF BANK HOLDING COMPANIES	CENTRALIZED ADMINISTRATIVE OFFICE	HEAD OFFICE	OFFICES OF OTHER HOLDING COMPANIES	CORPORATE OFFICE	HOLDING COMPANY THAT MANAGES, OR SUBSIDIARY MANAGEMENT OFFICES		DISTRICT AND REGIONAL OFFICES	PROFESSIONAL EMPLOYEE ORGANIZATION			
OFFICES OF BANK HOLDING COMPANIES	CENTRALIZED ADMINISTRATIVE OFFICE	HEAD OFFICE											
OFFICES OF OTHER HOLDING COMPANIES	CORPORATE OFFICE	HOLDING COMPANY THAT MANAGES, OR SUBSIDIARY MANAGEMENT OFFICES											
	DISTRICT AND REGIONAL OFFICES	PROFESSIONAL EMPLOYEE ORGANIZATION											

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. <i>FOR EXAMPLE:</i></p> <table border="0"> <tr> <td data-bbox="732 155 987 201">FOOD (FROZEN OR UNFROZEN, CANNED)</td> <td data-bbox="987 155 1242 201">WOOD PRODUCTS (PALLETES, DOORS, WINDOWS)</td> <td data-bbox="1242 155 1495 218">FLEXOGRAPHIC, GRAVURE, QUICK, SCREEN, OR DIGITAL)</td> </tr> <tr> <td data-bbox="732 201 987 247">TEXTILES</td> <td data-bbox="987 201 1242 247">PULP, PAPER, AND PAPERBOARD</td> <td data-bbox="1242 201 1495 247">CHEMICAL</td> </tr> <tr> <td data-bbox="732 247 987 285">CLOTHING/FOOTWEAR (MEN'S, BOY'S, WOMEN'S, GIRL'S)</td> <td data-bbox="987 247 1242 285">PRINTING (LITHOGRAPH</td> <td data-bbox="1242 247 1495 285">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 PAPERBOARD	CHEMICAL	CLOTHING/FOOTWEAR (MEN'S, BOY'S, WOMEN'S, GIRL'S)	PRINTING (LITHOGRAPH	METAL (FERROUS, NONFERROUS, FABRICATED, FORGED, OR STAMPED)						
FOOD (FROZEN OR UNFROZEN, CANNED)	WOOD PRODUCTS (PALLETES, DOORS, WINDOWS)	FLEXOGRAPHIC, GRAVURE, QUICK, SCREEN, OR DIGITAL)																
TEXTILES	PULP, PAPER, AND PAPERBOARD	CHEMICAL																
CLOTHING/FOOTWEAR (MEN'S, BOY'S, WOMEN'S, GIRL'S)	PRINTING (LITHOGRAPH	METAL (FERROUS, NONFERROUS, FABRICATED, FORGED, OR STAMPED)																
<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. <i>FOR EXAMPLE:</i></p> <table border="0"> <tr> <td data-bbox="732 338 987 411">OPERATING AND/OR DEVELOPING OIL AND GAS FIELDS OR CRUDE PETROLEUM AND NATURAL GAS EXTRACTION</td> <td data-bbox="987 338 1242 411">ANTHRACITE COAL MINING (SURFACE OR UNDERGROUND)</td> <td data-bbox="1242 338 1495 432">SUPPORT ACTIVITY, EXCAVATING SLUSH PITS, GEOLOGICAL OBSERVATIONS, GRADING AND BUILDING FOUNDATIONS AT WELL LOCATIONS</td> </tr> <tr> <td data-bbox="732 411 987 464">EXPLORATION FOR CRUDE PETROLEUM, BITUMINOUS, OR</td> <td data-bbox="987 411 1242 464">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										
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																	
<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. <i>FOR EXAMPLE:</i></p> <table border="0"> <tr> <td data-bbox="732 495 987 527">AUTOMOTIVE</td> <td data-bbox="987 495 1242 527">COMMUNICATION</td> <td data-bbox="1242 495 1495 527">BARBER</td> </tr> <tr> <td data-bbox="732 527 987 558">ELECTRONIC</td> <td data-bbox="987 527 1242 558">COMMERCIAL AND INDUSTRIAL MACHINERY REPAIRS</td> <td data-bbox="1242 527 1495 558">BEAUTY AND NAIL SALONS</td> </tr> <tr> <td data-bbox="732 558 987 590">COMPUTER</td> <td></td> <td data-bbox="1242 558 1495 590">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)						
AUTOMOTIVE	COMMUNICATION	BARBER																
ELECTRONIC	COMMERCIAL AND INDUSTRIAL MACHINERY REPAIRS	BEAUTY AND NAIL SALONS																
COMPUTER		PET CARE (GROOMING, AND/OR BOARDING)																
<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. <i>FOR EXAMPLE:</i></p> <table border="0"> <tr> <td data-bbox="732 621 987 653">LEGAL ADVICE AND REPRESENTATION</td> <td data-bbox="987 621 1242 653">ARCHITECTURAL ENGINEERING</td> <td data-bbox="1242 621 1495 653">ADVERTISING</td> </tr> <tr> <td data-bbox="732 653 987 684">ACCOUNTING</td> <td data-bbox="987 653 1242 684">COMPUTER SERVICES</td> <td data-bbox="1242 653 1495 684">PHOTOGRAPHIC</td> </tr> <tr> <td data-bbox="732 684 987 716">BOOKKEEPING</td> <td data-bbox="987 684 1242 716">CONSULTING</td> <td data-bbox="1242 684 1495 716">TRANSLATION AND INTERPRETATION</td> </tr> <tr> <td data-bbox="732 716 987 747">PAYROLL SERVICES</td> <td data-bbox="987 716 1242 747">RESEARCH</td> <td data-bbox="1242 716 1495 747">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			
LEGAL ADVICE AND REPRESENTATION	ARCHITECTURAL ENGINEERING	ADVERTISING																
ACCOUNTING	COMPUTER SERVICES	PHOTOGRAPHIC																
BOOKKEEPING	CONSULTING	TRANSLATION AND INTERPRETATION																
PAYROLL SERVICES	RESEARCH	VETERINARY SERVICES																
<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. <i>FOR EXAMPLE:</i></p> <table border="0"> <tr> <td data-bbox="732 779 987 810">EXECUTIVE OFFICES OF PRESIDENT</td> <td data-bbox="987 779 1242 810">ZONING BOARDS AND COMMISSIONS (PUBLIC ADMINISTRATION)</td> <td data-bbox="1242 779 1495 810">CIVILIAN COURTS OF LAW</td> </tr> <tr> <td data-bbox="732 810 987 842">GOVERNORS AND MAYORS IN ADDITION TO EXECUTIVE ADVISORY COMMISSIONS</td> <td data-bbox="987 810 1242 842">GOVERNMENT URBAN PLANNING COMMISSIONS</td> <td data-bbox="1242 810 1495 842">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									
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																
<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. <i>FOR EXAMPLE:</i></p> <table border="0"> <tr> <td data-bbox="732 926 987 957">SELF-STORAGE RENTAL, REAL ESTATE</td> <td data-bbox="987 926 1242 957">CONSUMER GOODS</td> <td data-bbox="1242 926 1495 957">PATENTS</td> </tr> <tr> <td data-bbox="732 957 987 989">AGENTS/BROKERS</td> <td data-bbox="987 957 1242 989">COMMERCIAL AND INDUSTRIAL MACHINERY/EQUIPMENT</td> <td data-bbox="1242 957 1495 989">TRADEMARKS</td> </tr> <tr> <td data-bbox="732 989 987 1020">CAR RENTAL/LEASING</td> <td></td> <td data-bbox="1242 989 1495 1020">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. <i>FOR EXAMPLE:</i></p> <table border="0"> <tr> <td data-bbox="732 1052 987 1083">DEPARTMENT STORES</td> <td data-bbox="987 1052 1242 1083">CLOTHING AND GROCERY</td> <td data-bbox="1242 1052 1495 1083">VENDING MACHINES AND STREET VENDORS (EXCEPT FOOD)</td> </tr> <tr> <td data-bbox="732 1083 987 1125">FURNITURE STORES</td> <td data-bbox="987 1083 1242 1125">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										
DEPARTMENT STORES	CLOTHING AND GROCERY	VENDING MACHINES AND STREET VENDORS (EXCEPT FOOD)																
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. <i>FOR EXAMPLE:</i></p> <table border="0"> <tr> <td data-bbox="732 1157 987 1188">LOCAL HAULING OF WASTE MATERIALS</td> <td data-bbox="987 1157 1242 1188">SEPTIC PUMPING</td> <td data-bbox="1242 1157 1495 1188">SOLID WASTE LANDFILLS</td> </tr> <tr> <td data-bbox="732 1188 987 1251">REMEDICATION SERVICES</td> <td data-bbox="987 1188 1242 1251">HAZARDOUS AND NON-HAZARDOUS WASTE TRANSFER STATIONS</td> <td data-bbox="1242 1188 1495 1251">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									
LOCAL HAULING OF WASTE MATERIALS	SEPTIC PUMPING	SOLID WASTE LANDFILLS																
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. <i>FOR EXAMPLE:</i></p> <table border="0"> <tr> <td data-bbox="732 1283 987 1314">YOUTH CENTERS</td> <td data-bbox="987 1283 1242 1314">TEMPORARY SHELTERS</td> <td data-bbox="1242 1283 1495 1314">CHILD DAY CARE</td> </tr> <tr> <td data-bbox="732 1314 987 1356">ADOPTION AGENCIES</td> <td data-bbox="987 1314 1242 1356">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																
ADOPTION AGENCIES	SERVICES FOR ELDERLY AND PERSONS WITH DISABILITIES																	
<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. <i>FOR EXAMPLE:</i></p> <table border="0"> <tr> <td data-bbox="732 1388 987 1419">AIR (SPECIFY SCHEDULED OR NONSCHEDULED; PASSENGER OR FREIGHT)</td> <td data-bbox="987 1388 1242 1419">AND GREAT LAKES</td> <td data-bbox="1242 1388 1495 1419">BUS</td> </tr> <tr> <td data-bbox="732 1419 987 1451">RAIL, DEEP SEA, COASTAL,</td> <td data-bbox="987 1419 1242 1451">TRUCKING (GENERAL OR SPECIALIZED LONG-DISTANCE OR LOCAL)</td> <td data-bbox="1242 1419 1495 1451">TAXI</td> </tr> <tr> <td></td> <td></td> <td data-bbox="1242 1451 1495 1482">SCHOOL BUS</td> </tr> <tr> <td></td> <td></td> <td data-bbox="1242 1482 1495 1493">LIMOUSINE</td> </tr> </table>			AIR (SPECIFY SCHEDULED OR NONSCHEDULED; PASSENGER OR FREIGHT)	AND GREAT LAKES	BUS	RAIL, DEEP SEA, COASTAL,	TRUCKING (GENERAL OR SPECIALIZED LONG-DISTANCE OR LOCAL)	TAXI			SCHOOL BUS			LIMOUSINE			
AIR (SPECIFY SCHEDULED OR NONSCHEDULED; PASSENGER OR FREIGHT)	AND GREAT LAKES	BUS																
RAIL, DEEP SEA, COASTAL,	TRUCKING (GENERAL OR SPECIALIZED LONG-DISTANCE OR LOCAL)	TAXI																
		SCHOOL BUS																
		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. <i>FOR EXAMPLE:</i></p> <table border="0"> <tr> <td data-bbox="732 1524 987 1556">ELECTRIC</td> <td data-bbox="987 1524 1242 1556">DISTRIBUTION</td> <td></td> </tr> <tr> <td data-bbox="732 1556 987 1587">HYDROELECTRIC</td> <td data-bbox="987 1556 1242 1587">WATER TREATMENT AND/OR WATER SUPPLY SYSTEMS</td> <td></td> </tr> <tr> <td data-bbox="732 1587 987 1619">NUCLEAR</td> <td></td> <td></td> </tr> <tr> <td data-bbox="732 1619 987 1650">FOSSIL FUEL</td> <td data-bbox="987 1619 1242 1650">SEWAGE TREATMENT FACILITIES</td> <td></td> </tr> <tr> <td data-bbox="732 1650 987 1671">TRANSMISSION</td> <td></td> <td></td> </tr> </table>			ELECTRIC	DISTRIBUTION		HYDROELECTRIC	WATER TREATMENT AND/OR WATER SUPPLY SYSTEMS		NUCLEAR			FOSSIL FUEL	SEWAGE TREATMENT FACILITIES		TRANSMISSION		
ELECTRIC	DISTRIBUTION																	
HYDROELECTRIC	WATER TREATMENT AND/OR WATER SUPPLY SYSTEMS																	
NUCLEAR																		
FOSSIL FUEL	SEWAGE TREATMENT FACILITIES																	
TRANSMISSION																		
<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. <i>FOR EXAMPLE:</i></p> <table border="0"> <tr> <td data-bbox="732 1703 987 1734">GENERAL WAREHOUSING</td> <td data-bbox="987 1703 1242 1734">REFRIGERATED FARM PRODUCTS</td> <td data-bbox="1242 1703 1495 1776">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. <i>FOR EXAMPLE:</i></p> <table border="0"> <tr> <td data-bbox="732 1808 987 1881">MERCHANT WHOLESALERS (DISTRIBUTORS, JOBBERS, DROP SHIPPERS, AND IMPORT/EXPORT MERCHANTS)</td> <td data-bbox="987 1808 1242 1881">BUSINESS TO BUSINESS ELECTRONIC MARKETS</td> <td data-bbox="1242 1808 1495 1900">AGENTS, AND BROKERS ARRANGING SALES AND PURCHASES FOR OTHERS ON A FEE OR COMMISSION BASIS</td> </tr> </table>			MERCHANT WHOLESALERS (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 WHOLESALERS (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																

- Percentage:** Enter the percentage that this ESTABLISHMENT'S receipts or revenues represent of the total PA receipts or revenues of the enterprise.
- 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.

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 cigarettes are sold over-the-counter or at vending machine locations. 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”.

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.paopen4business.state.pa.us, or call the PA Department of State at (717) 787-1057.

- 1-6. Describe the corporation.
7. Check the appropriate box if the corporation is a federal “S” corporation. If so, check the box to indicate if the corporation is also a PA “S” corporation. **Note:** This does **not** constitute a PA “S” election. To elect PA “S” status, a REV-1640, Election and Shareholder’s Consent Form must be submitted. To complete this form on-line visit

www.paopen4business.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.

The enterprise may 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. Non-profit enterprises must pay for one-half of any extended benefits, while political subdivisions must pay the full amount of any extended benefits.

An enterprise will be assigned the contributory method of payment unless they file an election for reimbursement coverage with 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.

Payments for UC should be made payable to the PA Unemployment Compensation Fund.

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

3. 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. Enterprises may also voluntarily report individuals’ wages to the Department of Labor & Industry in the same 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’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 home page at www.etides.state.pa.us.

SECTION 13 – GOVERNMENT STRUCTURE

Complete this section if the enterprise is a political subdivision of the Commonwealth of PA, or if the enterprise exercises political authority as a government organization.

1. Check the appropriate box to describe the enterprise.
2. Check the appropriate box to further describe the type of government.
3. If the enterprise is a Domestic/USA form of government, check the appropriate box.

If an enterprise is a political subdivision of the Commonwealth of PA and is also subject to the contribution provisions of the PA Unemployment Compensation (UC) Law, it has the option to elect to finance UC costs under the reimbursement method in lieu of the contributory method. A state government organization will be assigned the reimbursement method.

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

SECTION 14 – PREDECESSOR/SUCCESSOR INFORMATION

Complete this section if the registering enterprise is succeeding a predecessor (prior owner) in whole or in part. For assistance in completing Sections 14, 15, and 16, contact the nearest Department of Labor & Industry Field Accounting Service Office.

Predecessor: An enterprise that transfers all or part of its organization, trade, or business to another enterprise.

Successor: An enterprise that acquires by transfer all or part of the organization, trade, or business from another enterprise.

The registering enterprise may apply for the Unemployment Compensation (UC) experience record and reserve account balance of the predecessor by completing Section 15, Application for PA UC Experience Record & Reserve Account Balance of Predecessor.

The Department of Labor & Industry may determine that a transfer of experience from a predecessor to the registering enterprise will be mandatory provided there is common ownership or control, either directly or indirectly between the predecessor and the registering enterprise.

- 1-5. Provide predecessor information as requested on the form.
6. Check the appropriate box to indicate how the predecessor's business operation was acquired.

Acquisition of an Existing Enterprise: Occurs when operations are continued by a new owner; for example, a purchase of all or part of the enterprise.

Change in Legal Structure: Occurs when the form of organization changes; for example, when a sole proprietorship incorporates, or forms a partnership.

Consolidation: Occurs when a new corporation is formed by combining two or more corporations which then cease to exist.

Gift: Occurs when the title to the property is transferred without consideration.

Merger: Occurs when one corporation is absorbed by another. One corporation preserves its original charter or identity and continues to exist and the other corporate existence terminates.

IRC Section 338 Election: Occurs when a stock purchase is treated as an asset purchase under the Internal Revenue Code Section 338.

7. Enter the date the business operation was acquired.

8. Enter the percentage of the predecessor's total business operation acquired. Total business operation is defined as all activities reportable under a single Federal Employer Identification Number (EIN) including any activities occurring outside of PA.
9. Enter the percentage of the predecessor's PA business operation acquired. If less than 100 percent, provide the additional information as requested on the form.
10. Describe the PA business activity(ies) that the registering enterprise acquired from the predecessor.
11. Check the appropriate box(es) to indicate the type(s) of assets acquired from the predecessor.
12. Enter the date the predecessor last paid wages in PA, if applicable.
13. Enter the date the predecessor ceased operations in PA, if applicable. If operations have not ceased, describe the predecessor's ongoing business activity in PA.
14. Check the appropriate box(es). If "Yes", provide the information requested on the form. Attach additional sheets if necessary.

SECTION 15 – APPLICATION FOR PA UC EXPERIENCE RECORD & RESERVE ACCOUNT BALANCE OF PREDECESSOR

If the registering enterprise is continuing essentially the same business activity as the predecessor, the registering enterprise may apply for a transfer in whole or in part of the predecessor's Unemployment Compensation (UC) experience record and reserve account balance, provided that:

- The registering enterprise is continuing essentially the same business activity as the predecessor; *and*
- The registering enterprise's risk of unemployment is related to the employment experience of the predecessor based upon the following factors:
 - Nature of the business activity of each enterprise
 - Number of individuals employed by each enterprise
 - Wages paid to the employees by each enterprise.

It is important to consider more than the predecessor's existing rate. The benefit charges attributed to the business acquired from the predecessor may have an adverse effect on future rate calculations.

The basic contribution rate for a newly liable non-construction employer is 3.5 percent (.0350). The basic contribution rate for newly liable employers involved in the performance of a contract or sub-contract for the construction of new roads, bridges, highways, buildings, factories, housing developments, or other construction projects is 9.7 percent (.0970).

For any given calendar year, newly liable contribution rates are subject to a positive or negative surcharge according to Sections 301.5 and 301.7 of the PA UC Law.

To be considered timely, an Application for the Transfer of the Experience Record & Reserve Account Balance of a Predecessor must be filed prior to the end of the calendar year immediately following the year in which the transfer occurred.

- 1-2. Complete only to apply for the predecessor's experience record and reserve account balance. The authorized signature should be that of the owner, general partner, or officer of the predecessor and the registering enterprise. Attach Power of Attorney document, if applicable. If the predecessor's signature is unavailable, contact the nearest Department of Labor & Industry Field Accounting Service Office for additional information.

SECTION 16 – UNEMPLOYMENT COMPENSATION PARTIAL TRANSFER INFORMATION

Complete this section if the registering enterprise acquired only part of the predecessor’s PA business operation 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 operation 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. Identify the year(s) and calendar quarters in which contributions were payable to the PA UC Fund for **taxable wages** applicable to the part of the predecessor’s PA business operation that was transferred. Include any quarters applicable to known pre-predecessors.
3. Identify the year(s) and calendar quarters in which contributions were payable to the PA UC Fund for **taxable wages** applicable to any part of the predecessor’s PA business operation that was retained. Include any quarters applicable to known pre-predecessors.
4. For the three calendar year period prior to the year of transfer (4a) or for a lesser period (4b) from the date wages were first paid to the actual date of transfer (acquisition), enter the total amount of **taxable wages** applicable to the part of the predecessor’s PA business operation that was transferred.
5. Enter the total amount of **taxable wages** applicable to the predecessor’s entire PA business operation for the period that directly corresponds to the same period in item 4a or 4b.
6. Enter the total amount of **taxable wages** applicable to the predecessor’s entire PA business operation for the period from the beginning of the quarter the transfer occurred 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. **School District:** Enter the school district where this establishment is located. If not a PA school district enter “N/A”.

6. **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 or rental 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.
- Brings into PA, by automobile, truck or other means of transportation, or purchases in PA, tangible personal property that is subject to Sales Tax, or comes into PA to perform services that are subject to PA Sales Tax.

- Offers or intends to offer tangible personal property for retail sale in PA.
- Does not maintain an established office, distribution house, sales house, warehouse, service enterprise or residence where business is conducted in PA.

The term “transient vendor” does not include an enterprise that does one of the following:

- Delivers tangible personal property solicited or placed by mail or telephone order.
- Makes handcrafted items for sale at special events (e.g. fairs, carnivals, festivals, art and craft shows, and other celebrations within Pennsylvania).

A Show is any event that involves the display or exhibition of any tangible personal property or services for sale. It may include, but is not limited to, a flea market, antique show, coin show, stamp show, comic book show, hobby show, automobile show, fair, or any similar show, if held regularly or temporarily where more than one vendor displays for sale or sells tangible personal property or services subject to Sales Tax.

The Transient Vendor Certificate is renewable on a yearly basis beginning February 1 of each year.

PART 3 - PROMOTER LICENSE

Complete Parts 1 and 3 to apply for a Promoter License. A Promoter is a person or enterprise who either directly or indirectly rents, leases, or otherwise operates or grants permission to any person to use space at a show for the display for sale or for the sale of tangible personal property or services subject to tax.

The Promoter’s License is renewable on a yearly basis beginning February 1 of each year.

This application must be completed and returned to the Department of Revenue at least 30 days prior to the opening of the first show.

SECTION 19 – CIGARETTE DEALER’S LICENSE

PART 1 - LICENSE TYPE

Complete Section 19, Part 1 to apply for a Cigarette Dealer’s License. A separate license must be obtained for each location where retail sale of cigarettes, cigarette wholesale activity, or cigarette tax stamping will occur.

A Cigarette Dealer’s License is **not** transferable.

If the enterprise is applying for a Cigarette Vending Machine License, a list of machine locations must be attached to the registration form. Provide the name of the establishment, street address, city, and county where each machine is located.

Note: The Department of Revenue will allow the purchase of extra vending machine decals for machines to be placed at new locations (up to 10 percent or 10 extra decals, whichever is greater) without submitting actual locations. Within 30 days, licensees must advise the Department of the date an additional vending machine decal is affixed and the location of the machine.

All Cigarette Dealer’s Licenses expire on the last day of February and are renewable on a yearly basis. License fees are not prorated.

PART 2 - CIGARETTE WHOLESALER

Complete Parts 1 and 2 to apply for a Cigarette Wholesaler License.

All applicants for a Cigarette Wholesaler or Cigarette Stamping Agent License will be subject to a criminal background investiga-

tion prior to the issuance of a license. This investigation will be completed within 60 days of receipt of the completed application.

PART 3 - CIGARETTE STAMPING AGENT

Complete Parts 1, 2, and 3 to apply for a Cigarette Stamping Agent License.

SECTION 20 – SMALL GAMES OF CHANCE LICENSE/CERTIFICATE

Complete Parts 1, 2, and 3 to apply for a Distributor License.

Complete Parts 1 and 3 to apply for a Manufacturer Registration Certificate.

Questions may be directed to (717) 787-8275.

PART 1 - DISTRIBUTOR AND/OR MANUFACTURER

The following items must be enclosed with the registration form.

- Corporations must submit a copy of the Certificate of Incorporation, Articles of Incorporation, Certificate of Authority (non-PA corporations), By-laws or Constitution. If doing business using a fictitious name, submit a copy of the fictitious name registration.
- The logo(s) used by the Manufacturer.
- The fee for the Distributor License or the Manufacturer Registration Certificate as listed on the registration form.
- A \$10 nonrefundable background investigation fee for each owner, partner, officer, director, and shareholder controlling 10 percent or more of outstanding stock.
- Distributors and/or Manufacturers must identify an agent and a physical location within Pennsylvania as a designee for purposes of service of process.

A Distributor License expires on April 30 and is renewable on a yearly basis.

A Manufacturer Registration Certificate expires on March 31 and is renewable on a yearly basis.

PART 2 - DISTRIBUTOR

Complete this section to apply for a Distributor License only.

PART 3 - SMALL GAMES OF CHANCE CERTIFICATION

Certification must be **signed and notarized** by all Small Games of Chance applicants.

SECTION 21 – MOTOR CARRIER REGISTRATION & DECAL/MOTOR FUELS LICENSE & PERMIT

All enterprises applying for a Motor Carrier Road Tax (MCRT)/International Fuel Tax Agreement (IFTA) Decal must complete Part 1.

The applicant’s authorized signature in Section 4 of the form indicates applicant agrees to comply with the reporting, payment, record keeping, and license display requirements as specified in MCRT and/or the IFTA.

PART 1 - VEHICLE OPERATIONS

A qualified motor vehicle is a motor vehicle used, designed, or maintained for the transportation of persons or property which has: (a) two axles and a gross or registered gross weight greater than 26,000 pounds, (b) three axles or more regardless of weight, or (c) a combination weight greater than 26,000 pounds.

MOTOR CARRIER ROAD TAX

Common Carrier: Any motor carrier which holds itself out of the general public to engage in the transportation by motor vehicle of passengers or property for compensation.

Contract Carrier: Any motor carrier transporting persons or property for compensation or hire under contract to a particular person, firm, or corporation.

For-Hire Carrier: An enterprise providing transportation of passengers or property by motor vehicle using the public utility commission rights of another carrier.

Private Carrier: A person, firm, or corporation which utilizes its own trucks to transport its own freight.

Truck: Every motor vehicle designed, used, or maintained primarily for the transportation of property.

Truck Tractor: A motor vehicle designed and used primarily for drawing other vehicles but so constructed as to carry a load other than a part of the weight of the vehicle and load so drawn.

Combination: A power unit used in combination with trailers and semi-trailers.

Exemptions Include: Vehicles operated by the U.S. Government, the Commonwealth of PA and its political subdivisions, other states publicly-owned vehicles, volunteer fire, rescue and ambulance associations, farm vehicles, implements of husbandry, tow truck (not roll-backs), special mobile equipment, unladen vehicles being operated with a repair facility certificate from a PA repair facility, carriers who obtain permission from the PA State Police for emergency repair, and carriers operating on dealer or similar tags and operating vehicle incidental to their sale, demonstration, or repossession.

IFTA Decals: Request IFTA Decals for PA-qualified vehicles that travel in and outside of PA. An IFTA License must be carried in each vehicle and the vehicle must display decals on both sides of the cab.

Carriers purchasing IFTA credentials must file Quarterly IFTA Fuel Tax reports.

Non-IFTA Decals: For PA-qualified vehicles that travel exclusively in PA, request non-IFTA Decals. Carriers from non-IFTA states operating qualified motor vehicles exclusively in PA must likewise display non-IFTA Decals. A Road Tax Cab Card must be carried in each vehicle and the vehicle must display decals on both sides of the cab. As of January 1, 2001, the only U.S. and Canadian jurisdictions not participating in IFTA are: Alaska, Hawaii, District of Columbia, Northwest Territories, and the Yukon Territory.

Carriers purchasing non-IFTA credentials must maintain operational records; however, quarterly Motor Carrier Road Tax reports are **not required**.

If a carrier is based in a non-IFTA jurisdiction and intends to operate qualified motor vehicles based in that state and travel in PA, complete this application to order non-IFTA Decals.

ALL DECALS ARE VALID FOR ONE CALENDAR YEAR.

Make checks or money orders payable to the PA Department of Revenue. Allow two or three weeks for delivery of the decals. **Do not send cash.** If a decal is purchased, quarterly tax reports will be required.

For IFTA, decal, and tax information, contact the PA Department of Revenue, Bureau of Motor Fuel Taxes at (1-800) 482-IFTA (4382) or (717) 787-5355, TT# 1-800-447-3020 (Service for Customers with special hearing and/or speaking needs only).

PART 2 - FUELS

Before the issuance of a Liquid Fuels and Fuel Tax Permit, an on-site inspection contact will be made by the PA Department of Revenue, Enforcement Division.

A surety bond is required for Liquid Fuels and Fuel Tax. The enterprise will be contacted by the PA Department of Revenue, Bureau of Motor Fuel Taxes, Enforcement Division, regarding the surety bond requirements.

SECTION 22 – SALES TAX EXEMPT STATUS FOR CHARITABLE AND RELIGIOUS ORGANIZATIONS

Charitable, religious, non-profit educational institutions, and volunteer fire companies may be eligible for Sales Tax exempt status.

Act 55 of 1997, known as the Institutions of Purely Public Charity Act, changes the procedure and filing requirements for organizations seeking to qualify or renew Sales and Use Tax exemption status.

To apply, a separate application (REV-72) must be completed. See Section 22, page 17 for more details. In addition to completing the REV-72, the following documents are required and must be attached to the application:

- A copy of the Articles of Incorporation, By-laws, Constitution, or other governing legal document specifically including:
 - * Aims and purpose of the institution;
 - * A provision that expressly prohibits the use of any surplus funds for private inurement to any person in the event of a sale or dissolution of the institution.
- The most current financial statement (new organizations may substitute a proposed budget) including:
 - * All income and expenses listed by source and category;
 - * A list of the beneficiaries (individual, general public, other organizations, etc.) of the institution’s activities and how those beneficiaries are selected; and
 - * A list of sales activities (gift shop, bookstore, social club, etc.) used to raise funds. The institution must apply for a Sales Tax License if engaging in sales activities.
- If the institution has tax exempt status with the Internal Revenue Service, a copy of the approval letter must be submitted.
- If the institution has voluntary agreements with political subdivisions, enclose copy of same.
- If the institution files Form 990, provide a copy of the most recently completed form.

CONTACT US

DEPARTMENT OF REVENUE		LABOR & INDUSTRY		PROGRAM QUESTIONS	
General Information	1-888-PATAXES (728-2937)	Unemployment Compensation (UC)	717-787-7679	UC Benefit Charges	717-787-4677
		Workers' Compensation (WC)	717-783-5421	WC Employer Help Line	717-772-3702
E-mail:		E-mail:		WC Self-Insurance Division	717-783-4476
parev@state.pa.us		UC-news@dli.state.pa.us		WC Compliance Section	717-787-3567

Forms and information for both Departments are available at: <http://www.paopen4business.state.pa.us>

The location of these offices may change.
 To verify the location of an office, please call Monday through Friday 8:30 AM to 5:00 PM (EST) at the number listed for that office.

REVENUE DISTRICT OFFICES

LOCATIONS AND COUNTIES SERVED

<p>Altoona <i>(Blair, Centre, Fulton, Huntingdon, and Mifflin)</i> Cricket Field Plz. Ste. 204 615 Howard Ave. Altoona, PA 16601-4867 (814) 946-7310</p> <p>Bethlehem <i>(Lehigh and Northampton)</i> 44 E. Broad St. Bethlehem, PA 18018-5998 (610) 861-2000</p> <p>Bradford <i>(Cameron, Elk, Forest, McKean, Potter, and Warren)</i> Second Floor 86 Boylston St. Bradford, PA 16701-2011 (814) 368-7113</p> <p>Doylestown <i>(Bucks)</i> Ste. 104 600 Louis Dr. Warminster, PA 18974-2847 (215) 443-2990</p> <p>Erie <i>(Erie and Crawford)</i> 448 W. 11th St. Erie, PA 16501-1501 (814) 871-4491</p>	<p>Greensburg <i>(Westmoreland)</i> Second Fl. 15 W. Third St. Greensburg, PA 15601-3003 (724) 832-5386</p> <p>Harrisburg <i>(Cumberland, Dauphin, and Perry)</i> Lobby Strawberry Sq. Harrisburg, PA 17128-0101 (717) 783-1405</p> <p>Indiana <i>(Armstrong, Clarion, Indiana, and Jefferson)</i> Canterbury Office Stes. 2263 Philadelphia St. Indiana, PA 15701-1595 (724) 357-7600</p> <p>Johnstown <i>(Bedford, Cambria, Clearfield, and Somerset)</i> Third Fl. 345 Main St. Johnstown, PA 15901-1614 (814) 533-2495</p> <p>Lancaster <i>(Lancaster and Lebanon)</i> Ste. 201 315 W. James St. Lancaster, PA 17603-2911 (717) 299-7581</p>	<p>New Castle <i>(Beaver, Butler, Lawrence, Mercer, and Venango)</i> Rm. 201 101 S. Mercer St. New Castle, PA 16101-3837 (724) 656-3203</p> <p>Newtown Square <i>(Chester and Delaware)</i> Ste. 1 90 S. Newtown St. Rd. (Route 252) Newtown Square, PA 19073-4090 (610) 353-4051</p> <p>Norristown <i>(Montgomery)</i> Second Fl. Stoney Creek Office Center 151 W. Marshall St. Norristown, PA 19401-4739 (610) 270-1780</p> <p>Philadelphia <i>(Philadelphia)</i> Rm. 201 State Office Bldg. 1400 W. Spring Garden St. Philadelphia, PA 19130-4088 (215) 560-2056</p>	<p>Pittsburgh <i>(Allegheny)</i> Ste. 104 State Office Bldg. 300 Liberty Ave. Pittsburgh, PA 15222-1210 (412) 565-7540</p> <p>Pottsville <i>(Carbon and Schuylkill)</i> 115 S. Centre St. Pottsville, PA 17901-3047 (570) 621-3175</p> <p>Reading <i>(Berks)</i> Rm. 239 625 Cherry St. Reading, PA 19602-1186 (610) 378-4401</p> <p>Scranton <i>(Lackawanna, Monroe, Pike, Susquehanna, and Wayne)</i> Rm. 305 Samters Bldg. 101 Penn Ave. Scranton, PA 18503-1970 (570) 963-4585</p> <p>Sunbury <i>(Columbia, Juniata, Montour, Northumberland, Snyder, and Union)</i> 535 Chestnut St. Sunbury, PA 17801-3404 (570) 988-2834</p>	<p>Washington <i>(Fayette, Greene, and Washington)</i> Rm. 204 Landmark Bldg. 75 E. Maiden St. Washington, PA 15301-4963 (724) 223-4550</p> <p>Wilkes-Barre <i>(Luzerne and Wyoming)</i> Ste. 201 Thomas C. Thomas Bldg. 100 E. Union St. Wilkes-Barre, PA 18701-3200 (570) 826-2466</p> <p>Williamsport <i>(Bradford, Clinton, Lycoming, Sullivan, and Tioga)</i> 440 Little League Blvd. Williamsport, PA 17701-5055 (570) 327-3475</p> <p>York <i>(Adams, Franklin, and York)</i> 140 N. Duke St. York, PA 17401-1110 (717) 845-6661</p>
--	---	---	--	---

LABOR & INDUSTRY FIELD ACCOUNTING SERVICE OFFICES

LOCATIONS AND COUNTIES SERVED

<p>Allentown 1 S. Second St., Ste. 400 Allentown, PA 18102-4901 (610) 821-6559</p> <p>Altoona 3303 Pleasant Valley Blvd. Altoona, PA 16601-4311 (814) 946-6991</p> <p>Beaver Falls 2103 Ninth Ave. Beaver Falls, PA 15010-3957 (724) 846-8803</p> <p>Bristol 1242 New Rodgers Rd. Bristol, PA 19007-2591 (215) 781-3217</p> <p>Carlisle 1 Alexandra Ct. Carlisle, PA 17013-7667 (717) 249-8211</p> <p>Chambersburg 600 Norland Ave., Ste. 7 Chambersburg, PA 17201 (717) 264-7192</p> <p>Chester 2nd Fl., Ste. D 701 Crosby St. Chester, PA 19013-6089 (610) 447-3290</p> <p>Clearfield 501 E Market St., Ste. 6 Clearfield, PA 16830 (814) 765-0572</p>	<p>Lehigh Northampton</p> <p>Bedford Blair Centre Huntingdon</p> <p>Beaver Lawrence</p> <p>Bucks</p> <p>Cumberland</p> <p>Franklin Fulton</p> <p>Delaware</p> <p>Cameron Clearfield Elk Forest Jefferson McKean Warren</p>	<p>Erie 1309 French St. Erie, PA 16501-1999 (814) 871-4381</p> <p>Greensburg 593 Sells Ln. Greensburg, PA 15601-4458 (724) 832-5275</p> <p>Harrisburg 1171 S. Cameron St., Rm. 311 Harrisburg, PA 17104-2591 (717) 787-1700</p> <p>Johnstown 200 Lincoln St. Johnstown, PA 15901-1592 (814) 533-2371</p> <p>Lancaster 1016 N. Charlotte St., Ste. 109 P.O. Box 1563 Lancaster, PA 17608-1563 (717) 299-7606</p> <p>Malvern Century Plz., 2nd Fl. 72 Lancaster Ave. Malvern, PA 19355-2160 (610) 647-3799</p> <p>Mercer 114 W. South St. Mercer, PA 16137-1549 (724) 662-4007</p>	<p>Crawford Erie</p> <p>Westmoreland</p> <p>Dauphin Juniata Lebanon Mifflin Perry</p> <p>Armstrong Cambria Indiana Somerset</p> <p>Lancaster</p> <p>Chester</p> <p>Butler Clarion Mercer Venango</p>	<p>Nanticoke 40 E. Main St. Nanticoke, PA 18634 (570) 740-2440</p> <p>Norristown East/West 1885 New Hope St., 2nd Fl. Norristown, PA 19401-3146 (610) 270-1316 - East (610) 270-3450 - West</p> <p>Philadelphia 444 N. Third St., Ste. 3B Philadelphia, PA 19123-4190 (215) 560-3136/1828</p> <p>Pittsburgh 933 Penn Ave., 2nd Fl. Pittsburgh, PA 15222-3815 (412) 565-2400</p> <p>Reading 625 Cherry St., Rm. 250 Reading, PA 19602-1184 (610) 378-4395</p> <p>Scranton 135 Franklin Ave. Scranton, PA 18503-1935 (570) 936-4686</p> <p>Shamokin 2 E. Arch St. P.O. Box 279 Shamokin, PA 17872-0279 (570) 644-3415</p>	<p>Carbon Luzerne Sullivan</p> <p>Montgomery</p> <p>Philadelphia</p> <p>Allegheny</p> <p>Berks</p> <p>Bradford Lackawanna Susquehanna Wayne Wyoming</p> <p>Columbia Montour North- umberland Schuylkill Snyder Union</p>	<p>Tannersville Rt. 611 Merchants Plz. P.O. Box 789 Tannersville, PA 18372-0789 (717) 620-2870</p> <p>Uniontown 140 N. Beeson Ave., Ste. 403 Uniontown, PA 15401 (724) 439-7230</p> <p>Washington Millcraft Center, Ste. 120UL 90 W. Chestnut St. Washington, PA 15301 (724) 223-4530</p> <p>Williamsport 208 W. Third St., Ste. 301 Williamsport, PA 17701-6477 (570) 327-3525</p> <p>York 841 Vogelsong Rd. P.O. Box 14008 York, PA 17404-0868 (717) 767-7620</p> <p>Out-of-State L & I Bldg., Rm. 703 Seventh & Forster Sts. Harrisburg, PA 17121-0001 (717) 787-5939</p> <p>Those enterprises not having a PA location.</p> <p>For the hearing impaired only (717) 783-3545</p>
---	--	---	---	---	--	---