

# Did you know?

**You  
now can  
register  
your business  
with the  
Department  
over the  
Internet!!!**

The Pennsylvania On-line PA-100 Enterprise Registration will assist you in completing all applicable sections that pertain to your Enterprise's individual registration needs. The On-line PA-100 may be used to register a new enterprise, add additional taxes or services, or to register a new enterprise that is acquiring all or part of an existing enterprise. Registrations for the following taxes and services will be processed electronically within 2 business days:



- ◆ *Employer Withholding Tax*
- ◆ *Local Sales, Use, Hotel Occupancy Tax*
- ◆ *Promoter License*
- ◆ *Sales, Use, Hotel Occupancy Tax License*
- ◆ *Transient Vendor Certificate*
- ◆ *Unemployment Compensation \**
- ◆ *Use Tax*



***Go Paperless...Register on the Internet***

**[www.pa100.state.pa.us](http://www.pa100.state.pa.us)**

\* You must print the application upon completion and mail it to the Commonwealth of Pennsylvania, Department of Labor and Industry, PO Box 60968, Employer Registration Services, Bureau of Employer Tax Operations, Harrisburg, PA 17106-0968 for processing.

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.pa100.state.pa.us](http://www.pa100.state.pa.us)**



PENNSYLVANIA  
**ENTERPRISE  
REGISTRATION**  
FORM AND INSTRUCTIONS

# PENNSYLVANIA ENTERPRISE REGISTRATION

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

For registration assistance, contact:

(717) 787-1064, 1-800-447-3020 (Services for Special Hearing and Speaking Needs Only) Monday through Friday 8:00 AM to 4:30 PM

## What is an enterprise?

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

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

## What is an establishment?

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

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

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

## Multiple establishments exist if the following apply:

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

## How to complete the registration form:

- **New registrants** must complete every item in Sections 1 through 10.
- **Registered enterprises** must complete every item in Sections 1 through 4 and additional sections as indicated.
- Section 5 has indicators to direct the registrant to additional sections.
- To determine the registration requirements for a specific tax service and/or license, see pages 2 and 3.
- Type or print legibly using black ink.
- Retain a copy of the completed registration form for your records.

## How to avoid delays in processing:

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

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

**Completing this form will NOT fulfill the requirement to register for corporate taxes. Registering corporations must also contact the PA Department of State to secure corporate name clearance and register for corporation tax purposes. Contact the PA Department of State at (717) 787-1057.**

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

**COMPLETE THE SECTIONS THAT APPLY TO YOUR ENTERPRISE.**

- New registrants should complete sections 1 through 10 plus the sections indicated.
- Previous registrants should complete sections 1 through 4 plus the additional sections indicated.

TAXES AND SERVICES	REQUIREMENTS	SECTIONS TO COMPLETE
<p><b>CIGARETTE TAX</b> IS AN EXCISE TAX IMPOSED ON THE SALE OR POSSESSION OF CIGARETTES. A DEALER IS ANY CIGARETTE STAMPING AGENT, WHOLESALER OR RETAILER.</p>	<ul style="list-style-type: none"> <li>• CIGARETTE DEALER'S LICENSE</li> <li>• SALES TAX LICENSE (RETAILER)</li> </ul>	<ul style="list-style-type: none"> <li>• SECTION 19</li> <li>• SECTION 18</li> </ul>
<p><b>CORPORATION TAXES</b> 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"> <li>• <b>FINANCIAL INSTITUTIONS TAXES:</b> 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.</li> <li>• <b>GROSS PREMIUMS TAX</b> 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 AND, ANNUITY CONSIDERATIONS FOR BUSINESS TRANSACTED IN PENNSYLVANIA.</li> <li>• <b>GROSS RECEIPTS TAX</b> IS LEVIED ON PIPELINE, CONDUIT, WATER NAVIGATION AND TRANSPORTATION COMPANIES; TELEPHONE AND TELEGRAPH COMPANIES; ELECTRIC LIGHT, WATER POWER AND HYDROELECTRIC COMPANIES; GAS COMPANIES; MOTOR VEHICLE CARRIERS; 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 AND GAS IN PENNSYLVANIA.</li> <li>• <b>PUBLIC UTILITY REALTY TAX</b> 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.</li> <li>• <b>OTHER CORPORATION TAXES:</b> THIS GROUP IS COMPOSED PRIMARILY OF THE CORPORATE LOANS TAX, THE COOPERATIVE AGRICULTURAL ASSOCIATION AND ELECTRIC COOPERATIVE CORPORATION TAXES.</li> </ul>	<ul style="list-style-type: none"> <li>• REGISTRATION WITH PA DEPARTMENT OF STATE</li> <li>• FORMS MUST BE OBTAINED FROM PA DEPARTMENT OF STATE</li> <li>• REGISTRATION WITH FEDERAL STATE AUTHORITY THAT GRANTED CHARTER</li> <li>• REGISTRATION WITH PA DEPARTMENT OF INSURANCE</li> <li>• REGISTRATION WITH PA PUBLIC UTILITY COMMISSION</li> <li>• REGISTRATION WITH PA PUBLIC UTILITY COMMISSION</li> <li>• REGISTRATION WITH PA DEPARTMENT OF STATE</li> </ul>	<ul style="list-style-type: none"> <li>• SECTION 11</li> </ul>
<p><b>EMPLOYER WITHHOLDING</b> 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 NON-RESIDENT EMPLOYEES FOR WORK PERFORMED INSIDE PENNSYLVANIA. (SEE UNEMPLOYMENT COMPENSATION DEFINITION)</p>		<ul style="list-style-type: none"> <li>• SECTION 9</li> </ul>
<p><b>LIQUID FUELS AND FUELS TAX</b> 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"> <li>• LIQUID FUELS AND FUELS TAX PERMIT</li> </ul>	<ul style="list-style-type: none"> <li>• SECTION 21</li> </ul>
<p><b>MOTOR CARRIERS ROAD TAX</b> 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"> <li>• IFTA LICENSE AND IFTA DECALS</li> <li>• PA NON-IFTA VEHICLE REGISTRATION AND PA NON-IFTA DECALS</li> </ul>	<ul style="list-style-type: none"> <li>• SECTION 21</li> </ul>

<b>PROMOTER</b> 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.	<ul style="list-style-type: none"> <li>PROMOTER LICENSE</li> </ul>	<ul style="list-style-type: none"> <li>SECTION 18</li> </ul>
<b>PUBLIC TRANSPORTATION ASSISTANCE TAX</b> IS ATAX 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.	<ul style="list-style-type: none"> <li>SALES USE AND HOTEL OCCUPANCY TAX LICENSE</li> <li>PUBLIC TRANSPORTATION ASSISTANCE TAX LICENSE</li> </ul>	<ul style="list-style-type: none"> <li>SECTION 18</li> </ul>
<b>REPORTING AND PAYMENT METHODS</b> OFFER THE TAXPAYER THE ABILITY TO FILE CERTAIN TAXES THROUGH ELECTRONIC DATAINTERCHANGE (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.	<ul style="list-style-type: none"> <li>AUTHORIZATION AGREEMENT</li> </ul>	<ul style="list-style-type: none"> <li>SECTION 12</li> </ul>
<b>SALES TAX</b> IS AN EXCISE TAX IMPOSED ON THE RETAIL SALE OR LEASE OF TAXABLE, TANGIBLE PERSONAL PROPERTY AND ON SPECIFIED SERVICES. <ul style="list-style-type: none"> <li><b>HOTEL OCCUPANCY TAX</b> IS AN EXCISE TAX IMPOSED ON EVERY HOTEL OR MOTEL ROOM OCCUPANCY LESS THAN THIRTY (30) CONSECUTIVE DAYS.</li> <li><b>LOCAL SALES TAX</b> 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.</li> </ul>	<ul style="list-style-type: none"> <li>SALES USE AND HOTEL OCCUPANCY TAX LICENSE</li> <li>SALES USE AND HOTEL OCCUPANCY TAX LICENSE</li> <li>SALES USE AND HOTEL OCCUPANCY TAX LICENSE</li> </ul>	<ul style="list-style-type: none"> <li>SECTION 18</li> <li>SECTION 18</li> <li>SECTION 18</li> </ul>
<b>SALES TAX EXEMPT STATUS FOR CHARITABLE AND RELIGIOUS ORGANIZATIONS</b> 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.	<ul style="list-style-type: none"> <li>CERTIFICATE OF EXEMPT SALES TAXSTATUS</li> </ul>	<ul style="list-style-type: none"> <li>SECTION 22</li> </ul>
<b>SMALL GAMES OF CHANCE</b> IS THE REGULATION OF LIMITED GAMES OF CHANCE THAT QUALIFIED CHARITABLE AND NON-PROFIT ORGANIZATIONS CAN OPERATE IN PENNSYLVANIA.	<ul style="list-style-type: none"> <li>SMALLGAMES OF CHANCE DISTRIBUTOR LICENSE AND/OR</li> <li>MANUFACTURER REGISTRATION CERTIFICATE</li> </ul>	<ul style="list-style-type: none"> <li>SECTION 20</li> </ul>
<b>TRANSIENT VENDOR</b> IS ANY ENTERPRISE, NOT HAVING A PERMANENTPHYSICAL BUSINESS LOCATION IN PENNSYLVANIA, WHICH SELLS TAXABLE, TANGIBLE PERSONALPROPERTY OR PERFORMS TAXABLE SERVICES IN PENNSYLVANIA.	<ul style="list-style-type: none"> <li>TRANSIENTVENDOR CERTIFICATE</li> <li>SALES TAX LICENSE</li> </ul>	<ul style="list-style-type: none"> <li>SECTION 18</li> </ul>
<b>UNEMPLOYMENT COMPENSATION (UC)</b> 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 PAYWAGES TO INDIVIDUALS WORKING IN PAAND 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) <ul style="list-style-type: none"> <li><b>APPLICATION FOR PA UC EXPERIENCE RECORD AND RESERVE ACCOUNT BALANCE</b> ENABLES THE REGISTERING ENTERPRISE TO BENEFIT FROM A PREDECESSOR'S REPORTING HISTORY. REFER TO THE INSTRUCTIONS TO DETERMINE IF THIS IS ADVANTAGEOUS.</li> </ul>	<ul style="list-style-type: none"> <li>APPLICATION FOR EXPERIENCE RECORD AND RESERVE ACCOUNT BALANCE OF PREDECESSOR</li> </ul>	<ul style="list-style-type: none"> <li>SECTIONS 7, 9 IF APPLICABLE, 10 AND 14</li> <li>SECTIONS 14, 15 IF APPLICABLE, 16</li> </ul>
<b>USE TAX</b> IS AN EXCISE TAX IMPOSED ON PROPERTY USED IN PENNSYLVANIA ON WHICH SALES TAX HAS NOTBEEN PAID.	<ul style="list-style-type: none"> <li>USE TAX ACCOUNT</li> </ul>	<ul style="list-style-type: none"> <li>SECTION 18</li> </ul>
<b>VEHICLE RENTAL TAX</b> 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.	<ul style="list-style-type: none"> <li>SALES USE AND HOTEL OCCUPANCY TAX LICENSE</li> <li>PTA LICENSE</li> </ul>	<ul style="list-style-type: none"> <li>SECTION 18</li> </ul>

**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

**ORDERING FORMS**

You may order any Pennsylvania tax form(s) or schedule(s) by calling the 24-hour answering service number: Nationwide (1-800) 362-2050. Address written requests to: PADepartment of Revenue, Tax Forms Service Unit, 711 Gibson Boulevard, Harrisburg, PA17104-3200. All material will be mailed directly to you. Please allow two to three weeks for delivery.

The PA Department of Revenue maintains a toll free service to assist taxpayers with general information, tax forms and schedules. For assistance call 1-888-PATAXES. Information and forms are also available on the Internet at <http://www.revenue.state.pa.us>. Or you may contact the Department at our E-Mail address: [parev@revenue.state.pa.us](mailto:parev@revenue.state.pa.us).

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.  ACQUISITION OF ALL OR PART OF AN EXISTING ENTERPRISE WAS THERE APRIOR OWNER?  YES  NO
- 6.  APPLICATION FOR PAUC EXPERIENCE RECORD AND RESERVE ACCOUNT BALANCE OF PREDECESSOR
- 7.  INFORMATION UPDATE

**SECTION 2 - ENTERPRISE INFORMATION**

1. DATE OF FIRST OPERATIONS		2. DATE OF FIRST OPERATIONS IN PA		3. ENTERPRISE FISCALYEAR END	
4. ENTERPRISE LEGAL NAME			5. FEDERALEMPLOYER IDENTIFICATION NUMBER (EIN)		
6. ENTERPRISE TRADE NAME (if different than legal name)			7. ENTERPRISE TELEPHONE NUMBER ( )		
8. ENTERPRISE STREETADDRESS (do not use PO Box)		CITY/TOWN	COUNTY	STATE	ZIP CODE + 4
9. ENTERPRISE MAILING ADDRESS (if different than street address)		CITY/TOWN		STATE	ZIP CODE + 4
10. LOCATION OF ENTERPRISE RECORDS (street address)		CITY/TOWN		STATE	ZIP CODE + 4
11. ESTABLISHMENT NAME (doing business as)		12. NUMBER OF ESTABLISHMENTS *	13. 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 MUSTCHECK 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), LISTTHE ACCOUNT NUMBER(S) IN THE SPACE PROVIDED.

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

**SECTION 4 - AUTHORIZED SIGNATURE**

I, (WE) THE UNDERSIGNED, DECLARE UNDER THE PENALTIES OF PERJURY THATTHE STATEMENTS CONTAINED HEREIN ARE TRUE, CORRECTAND COMPLETE.

AUTHORIZED SIGNATURE (ATTACH POWER OF ATTORNEY IF APPLICABLE)		TITLE
TYPE OR PRINT NAME		DATE
PREPARER'S SIGNATURE (IF OTHER THAN OWNER, PARTNER OR CORPORATE OFFICER)		TITLE
TYPE OR PRINT NAME		DATE
DAYTIME TELEPHONE NUMBER ( )		DATE

ENTERPRISE NAME

**SECTION 5 - FORM OF ORGANIZATION**

CHECK THE APPROPRIATE BOXES. IN ADDITION TO SECTIONS 1 THROUGH 10, COMPLETE THE SECTION(S) INDICATED.

- 1.  SOLE PROPRIETORSHIP (INDIVIDUAL)       CORPORATION (Sec. 11)       ASSOCIATION       BUSINESS TRUST       GOVERNMENT (Sec. 13)
  - PARTNERSHIP:       GENERAL      COMPANY:       LIMITED LIABILITY       ESTATE       TRUST
  - LIMITED      STATE WHERE CHARTERED \_\_\_\_\_
  - LIMITED LIABILITY       RESTRICTED PROFESSIONAL       OTHER, EXPLAIN \_\_\_\_\_
  - JOINT VENTURE      STATE WHERE CHARTERED \_\_\_\_\_
2.  PROFIT       NON-PROFIT      IS THE ENTERPRISE ORGANIZED FOR PROFITOR 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, 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.

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. PERSON RESPONSIBLE TO REMIT:		<input type="checkbox"/> SALES TAX		<input type="checkbox"/> EMPLOYER WITHHOLDING		<input type="checkbox"/> MOTOR FUEL TAXES	
SIGNATURE _____							

\* 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	%
Construction					
Manufacturing					
Retail Trade					
Wholesale Trade					
Finance					
Insurance					
Real Estate					
Transportation					
Warehousing					
Communications					
Agriculture, Forestry, Fishing					
Mining, Quarrying, Oil/Gas Extraction					
Utility or Sanitary Service					
Services (Personal or Business)					
Domestic					
<b>TOTAL</b>	<b>100%</b>				

2. ENTER THE PERCENTAGE THAT THIS ESTABLISHMENT'S RECEIPTS OR REVENUES REPRESENT OF THE TOTAL RECEIPTS OR REVENUES OF THE ENTERPRISE. \_\_\_\_\_ %
3. ESTABLISHMENTS ENGAGED IN CONSTRUCTION **MUST** ENTER THE PERCENTAGE OF CONSTRUCTION ACTIVITY THAT IS NEW AND/OR RENOVATIVE. \_\_\_\_\_ % NEW      \_\_\_\_\_ % RENOVATIVE
4.  YES       NO      IS THIS ESTABLISHMENT **SOLELY** ENGAGED IN THE PERFORMANCE OF SUPPORT ACTIVITIES FOR OTHER ESTABLISHMENTS OF THE SAME ENTERPRISE? IF YES, LIST THE NAME(S) OF THE SUPPORTED ESTABLISHMENT(S) AND CHECK THE APPROPRIATE BOX TO DESCRIBE THE SUPPORT ACTIVITY. \_\_\_\_\_
- ADMINISTRATION       RESEARCH/DEVELOPMENT       STORAGE/WAREHOUSE       OTHER (SPECIFY) \_\_\_\_\_

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 \_\_\_\_\_  
 b. DATE WAGES RESUMED WHEN FOLLOWING A BREAK IN EMPLOYMENT \_\_\_\_\_  
 c. TOTAL NUMBER OF EMPLOYEES \_\_\_\_\_  
 d. NUMBER OF EMPLOYEES PRIMARILY WORKING IN NEW CONSTRUCTION \_\_\_\_\_  
 e. NUMBER OF EMPLOYEES PRIMARILY WORKING IN RENOVATIVE CONSTRUCTION \_\_\_\_\_  
 f. ESTIMATED GROSS WAGES PER QUARTER .....\$ \_\_\_\_\_ .00
2.  YES  NO DOES THIS ESTABLISHMENT EMPLOY PARENTS WHO WORK OUTSIDE OF PENNSYLVANIA? IF YES, INDICATE:  
 a. DATE WAGES FIRST PAID \_\_\_\_\_  
 b. DATE WAGES RESUMED WHEN 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 ..... \_\_\_\_\_  
 b. ESTIMATED BENEFITS PAID PER QUARTER .....\$ \_\_\_\_\_ .00

**SECTION 10 – BULK SALE/TRANSFER INFORMATION**

IF ASSETS WERE ACQUIRED IN BULK FROM MORE THAN ONE ENTERPRISE, PHOTOCOPIY 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:		
	<input type="checkbox"/> ACCOUNTS RECEIVABLE	<input type="checkbox"/> FIXTURES	<input type="checkbox"/> MACHINERY
	<input type="checkbox"/> CONTRACTS	<input type="checkbox"/> FURNITURE	<input type="checkbox"/> NAME AND/OR GOODWILL
	<input type="checkbox"/> CUSTOMERS/CLIENTS	<input type="checkbox"/> INVENTORY	<input type="checkbox"/> REAL ESTATE
	<input type="checkbox"/> EQUIPMENT	<input type="checkbox"/> LEASES	<input type="checkbox"/> 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
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5.  YES  NO IS THIS CORPORATION'S STOCK PUBLICLY TRADED?

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

CORPORATION:  STOCK  PROFESSIONAL BANK:  STATE  FEDERAL MUTUAL THRIFT:  STATE  FEDERAL INSURANCE  PA  
 NON-STOCK  COOPERATIVE  FEDERAL COMPANY:  NON-PA  
 MANAGEMENT  STATUTORY CLOSE

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

**SECTION 12 - REPORTING & PAYMENT METHODS**

- 1.  YES  NO DOES THIS ENTERPRISE MEET THE DEPARTMENT OF REVENUE'S REQUIREMENTS FOR ELECTRONIC FUNDS TRANSFERS (EFT) FILING? THE REQUIREMENT OF PAYMENT VIA EFT APPLIES TO PAYMENTS OF \$20,000 OR MORE.
- 2.  YES  NO DOES THIS ENTERPRISE WANT TO PARTICIPATE IN THE DEPARTMENT OF REVENUE'S EFT PROGRAM EVEN THOUGH IT DOES NOT MEET THE \$20,000 PAYMENT THRESHOLD?
- 3.  YES  NO IS THIS ENTERPRISE INTERESTED IN RECEIVING INFORMATION ABOUT THE DEPARTMENT OF REVENUE'S ELECTRONIC DATA INTERCHANGE (EDI) PROGRAM?
- 4.  YES  NO DOES THIS ENTERPRISE MEET THE DEPARTMENT OF LABOR & INDUSTRY'S REQUIREMENT FOR REPORTING WAGE INFORMATION ON MAGNETIC MEDIA? THE REQUIREMENT OF REPORTING VIA MAGNETIC MEDIA APPLIES TO 250 OR MORE WAGE ENTRIES PER QUARTERLY REPORT.
- 5.  YES  NO IS THIS ENTERPRISE INTERESTED IN RECEIVING INFORMATION ABOUT THE DEPARTMENT OF LABOR & INDUSTRY'S MAGNETIC MEDIA REPORTING METHODS? THIS INCLUDES A PERSONAL COMPUTER PROGRAM TO ASSIST IN PAYROLL PREPARATION, TAX WITHHOLDING AND UC REPORTING AND FILING PREPARATION.
- 6.  YES  NO IS THIS ENTERPRISE INTERESTED IN RECEIVING INFORMATION ABOUT THE DEPARTMENT OF LABOR & INDUSTRY'S OPTION TO ELECT TO FINANCE UC COSTS UNDER THE REIMBURSEMENT METHOD IN LIEU OF THE CONTRIBUTORY METHOD?

**SECTION 13 - GOVERNMENT FORM OF ORGANIZATION**

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

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 LABOR AND 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 PAUC ACCOUNTNUMBER	
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 PARENTS. 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  FIXTURES  MACHINERY  
 CONTRACTS  FURNITURE  NAME AND/OR GOODWILL  
 CUSTOMERS/CLIENTS  INVENTORY  REAL ESTATE  
 EQUIPMENT  LEASES  OTHER) \_\_\_\_\_

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 15 - APPLICATION FOR PA UC EXPERIENCE RECORD AND RESERVE ACCOUNT BALANCE OF PREDECESSOR**

A REGISTERING ENTERPRISE MAY APPLY THE UNEMPLOYMENT COMPENSATION (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.

REFER TO THE INSTRUCTIONS TO DETERMINE IF IT IS ADVANTAGEOUS TO APPLY FOR A PREDECESSOR'S UC EXPERIENCE RECORD AND RESERVE ACCOUNT BALANCE.

**IMPORTANT:** THIS APPLICATION CANNOT BE CONSIDERED UNLESS IT IS SIGNED BY AN AUTHORIZED SIGNATORY OF BOTH THE PREDECESSOR AND THE REGISTERING ENTERPRISE. THE TRANSFER IN WHOLE OR IN PART OF THE EXPERIENCE RECORD AND RESERVE ACCOUNT BALANCE IS BINDING AND IRREVOCABLE ONCE IT HAS BEEN APPROVED BY THE DEPARTMENT OF LABOR AND INDUSTRY.

APPLICATION IS HEREBY MADE BY THE PREDECESSOR AND THE REGISTERING ENTERPRISE FOR A TRANSFER TO THE REGISTERING ENTERPRISE OF THE PENNSYLVANIA UNEMPLOYMENT COMPENSATION EXPERIENCE RECORD AND RESERVE ACCOUNT BALANCE OF THE PREDECESSOR WITH RESPECT TO THE TRANSFER.

WE HEREBY CERTIFY THAT THE TRANSFER REFERENCED IN SECTION 14 HAS OCCURRED AS DESCRIBED THEREIN AND THAT THE REGISTERING ENTERPRISE IS CONTINUING ESSENTIALLY THE SAME BUSINESS ACTIVITY AS THE PREDECESSOR.

COMPLETE THIS SECTION ONLY IF YOU WANT TO APPLY FOR THE PREDECESSOR'S EXPERIENCE RECORD AND RESERVE ACCOUNT BALANCE.

1. PREDECESSOR NAME		DATE
AUTHORIZED SIGNATURE	TYPE OR PRINT NAME	TITLE
2. REGISTERING ENTERPRISE NAME		DATE
AUTHORIZED SIGNATURE	TYPE OR PRINT NAME	TITLE

**SECTION 16 - UNEMPLOYMENT COMPENSATION PARTIAL TRANSFER INFORMATION**

COMPLETE THIS SECTION IF THE REGISTERING ENTERPRISE ACQUIRED ONLY PART OF THE PREDECESSOR'S PENNSYLVANIA (PA) BUSINESS OPERATION AND IS MAKING APPLICATION FOR THE TRANSFER OF A PORTION OF THE PREDECESSOR'S EXPERIENCE RECORD AND RESERVE ACCOUNT BALANCE.

**COMPLETE REPLACEMENT UC-2A FOR PARTIAL TRANSFER (FORM UC-252).** THE PREDECESSOR'S PA PAYROLL RECORDS FOR THE TWO YEARS PRIOR TO THE QUARTER OF THE TRANSFER AND/OR ACQUISITION MUST REMAIN AVAILABLE TO THE REGISTERING ENTERPRISE TO ENABLE THE REGISTERING ENTERPRISE TO PROVIDE REQUIRED INFORMATION REGARDING SEPARATED AND/OR TRANSFERRED EMPLOYEES.

**UNEMPLOYMENT COMPENSATION (UC) TAXABLE WAGES** ARE THOSE WAGES THAT DO NOT EXCEED THE UC TAXABLE WAGE BASE APPLICABLE TO A GIVEN CALENDAR YEAR.

1. NUMBER OF EMPLOYEES WHO WORKED IN THE PART OF THE PREDECESSOR'S PA BUSINESS OPERATION THAT WAS TRANSFERRED TO OR ACQUIRED BY THE REGISTERING ENTERPRISE:	2. DATE WAGES FIRST PAID BY PREDECESSOR OR PRE-PREDECESSOR(S) IN THE PART OF THE PA BUSINESS OPERATION TRANSFERRED (ACQUIRED) FOR WHICH CONTRIBUTIONS WERE PAID UNDER THE PROVISIONS OF THE PAUC LAW.  DATE:
---	--

3. CHECKMARK THE CALENDAR QUARTERS IN THE YEAR OF TRANSFER AND IN THE PRECEDING FIVE CALENDAR YEARS IN WHICH PAUC CONTRIBUTIONS WERE PAID IN THE PART OF THE PA BUSINESS OPERATION THAT WAS TRANSFERRED. ENTER A ZERO IN EACH QUARTER WHEN NO CONTRIBUTION WAS DUE AND PAYABLE IN THE PART TRANSFERRED.	YEAR _____	YEAR _____	YEAR _____	YEAR _____	YEAR _____	YEAR _____
	QUARTERS	QUARTERS	QUARTERS	QUARTERS	QUARTERS	QUARTERS
	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4

4. CHECKMARK THE CALENDAR QUARTERS IN THE YEAR OF TRANSFER AND IN THE PRECEDING FIVE CALENDAR YEARS IN WHICH PAUC CONTRIBUTIONS WERE PAID IN THE PART OF THE PA BUSINESS OPERATION THAT WAS NOT TRANSFERRED. ENTER A ZERO IN EACH QUARTER WHEN NO CONTRIBUTION WAS DUE AND PAYABLE IN THE PART RETAINED.	YEAR _____	YEAR _____	YEAR _____	YEAR _____	YEAR _____	YEAR _____
	QUARTERS	QUARTERS	QUARTERS	QUARTERS	QUARTERS	QUARTERS
	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4

5a. PREDECESSOR'S PAUC TAXABLE PAYROLL IN THE PART OF THE PA BUSINESS OPERATION TRANSFERRED FOR THE PERIOD OF THREE CALENDAR YEARS PRIOR TO THE YEAR OF TRANSFER (ACQUISITION).	5b. IF THE PART OF THE PA BUSINESS OPERATION TRANSFERRED WAS NOT IN EXISTENCE FOR THREE CALENDAR YEARS PRIOR TO THE YEAR OF THE TRANSFER, ENTER THE PA TAXABLE PAYROLL FOR THE PERIOD OF ITS EXISTENCE TO DATE OF TRANSFER.
---	---

OR

\$	\$
6. PREDECESSOR'S ENTIRE PAUC TAXABLE PAYROLL FOR SAME PERIOD INDICATED IN ITEMS 5a OR 5b.	7. PREDECESSOR'S ENTIRE PAUC TAXABLE PAYROLL FOR THE PERIOD FROM THE BEGINNING OF THE QUARTER OF TRANSFER TO THE DATE OF TRANSFER
\$	\$

ENTERPRISE NAME

**SECTION 17 - MULTIPLE ESTABLISHMENT INFORMATION**

**PART 1 ESTABLISHMENT INFORMATION**

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

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.

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	%
Construction					
Manufacturing					
Retail Trade					
Wholesale Trade					
Finance					
Insurance					
Real Estate					
Transportation					
Warehousing					
Communications					
Agriculture, Forestry, Fishing					
Mining, Quarrying Oil/Gas Extraction					
Utility or Sanitary Service					
Services (Personal or Business)					
Domestic					
TOTAL	100%				

2. ENTER THE PERCENTAGE THAT THIS ESTABLISHMENT'S RECEIPTS OR REVENUES REPRESENT OF THE TOTAL RECEIPTS OR REVENUES OF THE ENTERPRISE.

\_\_\_\_\_ %

3. ESTABLISHMENTS ENGAGED IN CONSTRUCTION MUST ENTER THE PERCENTAGE OF CONSTRUCTION ACTIVITY THAT IS NEW AND/OR RENOVATIVE.

\_\_\_\_\_ % NEW \_\_\_\_\_ % RENOVATIVE

4.  YES  NO IS THIS ESTABLISHMENT SOLELY ENGAGED IN THE PERFORMANCE OF SUPPORT ACTIVITIES FOR OTHER ESTABLISHMENTS OF THE SAME ENTERPRISE? IF YES, LIST THE NAME(S) OF THE SUPPORTED ESTABLISHMENT(S) AND CHECK THE APPROPRIATE BOX TO DESCRIBE THE SUPPORT ACTIVITY.

\_\_\_\_\_  
\_\_\_\_\_

- ADMINISTRATION  RESEARCH/DEVELOPMENT  STORAGE/WAREHOUSE  OTHER (SPECIFY) \_\_\_\_\_

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 \_\_\_\_\_
  - b. DATE WAGES RESUMED WHEN FOLLOWING A BREAK IN EMPLOYMENT \_\_\_\_\_
  - c. TOTAL NUMBER OF EMPLOYEES \_\_\_\_\_
  - d. NUMBER OF EMPLOYEES PRIMARILY WORKING IN NEW CONSTRUCTION \_\_\_\_\_
  - e. NUMBER OF EMPLOYEES PRIMARILY WORKING IN RENOVATIVE CONSTRUCTION \_\_\_\_\_
  - f. ESTIMATED GROSS WAGES PER QUARTER .....\$ \_\_\_\_\_ .00
2.  YES       NO      DOES THIS ESTABLISHMENT EMPLOY PARENTS WHO WORK OUTSIDE OF PENNSYLVANIA? IF YES, INDICATE:
  - a. DATE WAGES FIRST PAID \_\_\_\_\_
  - b. DATE WAGES RESUMED WHEN 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 PARENTS? IF YES, INDICATE:
  - a. DATE BENEFITS FIRST PAID \_\_\_\_\_
  - b. ESTIMATED BENEFITS PAID PER QUARTER .....\$ \_\_\_\_\_ .00

**SECTION 6A - ADDITIONAL OWNERS, PARTNERS, SHAREHOLDERS, OFFICERS, 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	
11. PERSON RESPONSIBLE TO REMIT:		<input type="checkbox"/> SALES TAX		<input type="checkbox"/> EMPLOYER WITHHOLDING		<input type="checkbox"/> MOTOR FUEL TAXES	

SIGNATURE \_\_\_\_\_

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

SIGNATURE \_\_\_\_\_

\* 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 OR PROMOTER LICENSE**

**PART 1**

**SALES USE AND HOTEL OCCUPANCY TAX, PUBLIC TRANSPORTATION ASSISTANCE TAX OR VEHICLE RENTAL TAX**

ENTERPRISES APPLYING FOR A SALES, USE AND HOTEL OCCUPANCY TAX LICENSE, PUBLIC TRANSPORTATION ASSISTANCE TAX LICENSE AND/OR VEHICLE RENTAL TAX, COMPLETE PART 1.

**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)

SALES TAX COLLECTED MUST BE SEGREGATED FROM OTHER FUNDS AND MUST REMAIN IN THE COMMONWEALTH OF PENNSYLVANIA UNTIL REMITTED TO THE DEPARTMENT OF REVENUE. (COMPLETE PART 4)

**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.

IF THE ENTERPRISE IS NOT ASSOCIATED WITH AN LICENSED PROMOTER FOR EACH SHOW, A \$500 SECURITY DEPOSIT MUST BE SUBMITTED WITH THIS FORM.

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.

**PART 4**

**LOCATION OF SALES TAX COLLECTED**

PROVIDE THE FOLLOWING INFORMATION ABOUT THE PENNSYLVANIA FINANCIAL INSTITUTION OR OTHER LOCATION WHERE SALES TAX FUNDS WILL BE PLACED PENDING REMISSION TO THE DEPARTMENT OF REVENUE.

1. NAME OF FINANCIAL INSTITUTION	2. ACCOUNT NAME	3. ACCOUNT NUMBER	
4. TYPE OF ACCOUNT: <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING <input type="checkbox"/> CD <input type="checkbox"/> ESCROW			
5. FINANCIAL INSTITUTION STREET ADDRESS	CITY/TOWN	COUNTY	STATE    ZIP CODE + 4
6. OTHER LOCATION	CITY/TOWN	COUNTY	STATE    ZIP CODE + 4

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 MUSTBE OBTAINED FOR EACH ESTABLISHMENTTHATS SELLS RETAIL, OVER-THE-COUNTER CIGARETTES. A SEPARATE DECAL MUST BE PURCHASED FOR EACH VENDING MACHINE LOCATION. A CHECK OR MONEYORDER MUSTBE 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 LISTING OF LOCATIONS)	_____	@ \$ 25 EACH DECAL	\$ _____
<input type="checkbox"/> WHOLESALER		@ \$ 500	\$ _____
<input type="checkbox"/> CIGARETTE STAMPING AGENT AND WHOLESALER		@ \$ 1,500	\$ _____
		<b>TOTAL AMOUNT REMITTED</b>	\$ _____

**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. MANUFACTURERS AND DISTRIBUTORS LIST 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.

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

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

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



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       LPGAS       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 FUELS MAINTAINED

<b>A B C D</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> AK - ALASKA	<b>A B C D</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ID - IDAHO	<b>A B C D</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MT - MONTANA	<b>A B C D</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RI - RHODE ISLAND
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> AL - ALABAMA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IL - ILLINOIS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NC - NORTH CAROLINA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SC - SOUTH CAROLINA
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> AR - ARKANSAS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IN - INDIANA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ND - NORTH DAKOTA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SD - SOUTH DAKOTA
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> AZ - ARIZONA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> KS - KANSAS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NE - NEBRASKA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TN - TENNESSEE
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CA - CALIFORNIA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> KY - KENTUCKY	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NH - NEW HAMPSHIRE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TX - TEXAS
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CO - COLORADO	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LA - LOUISIANA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NJ - NEW JERSEY	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> UT - UTAH
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CT - CONNECTICUT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MA - MASSACHUSETTS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NM - NEW MEXICO	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> VA - VIRGINIA
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DC - DIST. OF COLUMBIA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MD - MARYLAND	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NV - NEVADA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> VT - VERMONT
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DE - DELAWARE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ME - MAINE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NY - NEW YORK	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WA - WASHINGTON
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FL - FLORIDA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MI - MICHIGAN	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OH - OHIO	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WI - WISCONSIN
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GA - GEORGIA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MN - MINNESOTA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OK - OKLAHOMA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WV - WEST VIRGINIA
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> HI - HAWAII	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MO - MISSOURI	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OR - OREGON	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WY - WYOMING
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IA - IOWA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MS - MISSISSIPPI	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PA - PENNSYLVANIA	
<b>A B C D</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> AB - ALBERTA	<b>A B C D</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NB - NEW BRUNSWICK	<b>A B C D</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NT - N.W. TERRITORY	<b>A B C D</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PQ - QUEBEC
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> BC - BRITISH COLUMBIA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NF - NEWFOUNDLAND	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ON - ONTARIO	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SK - SASKATCHEWAN
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MB - MANITOBA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NS - NOVA SCOTIA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PE - PRINCE EDWARD IS.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> YT - YUKON TERRITORY

**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 (i.e. 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.

STREET ADDRESS	CITY/TOWN	COUNTY	STATE	ZIP CODE + 4
STREET ADDRESS	CITY/TOWN	COUNTY	STATE	ZIP CODE + 4

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 PROFITMOTIVE.

**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
- 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. THIS APPLICATION MAY BE OBTAINED BY COMPLETING THE BELOW FORM OR CALL (717) 783-5473, TTD# (717) 772-2252 (HEARING IMPAIRED ONLY).

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
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**RETURN COMPLETED FORM 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.

- New registrants must complete Sections 1 through 10 and additional sections as appropriate.
  - Registered enterprises must complete Sections 1 through 4 and additional sections as indicated. Complete Sections 5 through 7 to update information.
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. **Acquisition of All or Part of an Existing 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.
    - A newly formed enterprise must complete Sections 1 through 10 and additional sections as appropriate.
    - A previously registered enterprise must complete Sections 1 through 4, 10 and additional sections as appropriate.
  6. **Application for PA UC Experience Record and Reserve Account Balance of Predecessor:** An enterprise requesting the PA Unemployment Compensation (UC) experience record and reserve account balance of a predecessor (prior owner) must complete Section 15, Application for PA UC Experience Record and Reserve Account Balance of Predecessor.
    - A newly formed enterprise must complete Sections 1 through 10, 14 and additional sections as appropriate.
    - A previously registered enterprise must complete Sections 1 through 4, 10, 14 and additional sections as appropriate.
  7. **Information Update:** A registered enterprise providing changes in demographic or other information must complete Sections 1 through 4 and additional sections as appropriate.

**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 FORM OF ORGANIZATION 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.
OTHER	LEGAL NAME OF THE ENTERPRISE.

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 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 and enter the date it was signed.

**Preparer's Signature:** Enter the signature and title of the person who prepared the form, if other than the owner, partner or officer.

**Type or Print Name:** Type or print the name of the preparer. Enter the preparer's daytime telephone number and the date the form was signed.

### SECTION 5 – FORM OF ORGANIZATION

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 to the Department of Revenue.

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 or 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 or shareholder.
- 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. **Apost office box is not acceptable.**
11. **Person Responsible to Remit:** Signature of individual responsible for remitting trust fund taxes to the Department of Revenue is required.

#### Department of Revenue Responsible Party:

Responsible parties (Sales Tax, Employer Withholding and Motor Fuel Taxes): Please identify the person(s) responsible for remitting trust fund taxes to the Department of Revenue. Under Pennsylvania law, a proprietor, a general partner, or a corporation's chief operating officers and chief financial officer is responsible for ensuring that collected Sales Tax, Employer Withholding Tax, Liquid Fuels and Fuels Tax (trust funds) is remitted to the Department on a timely basis. 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. Failure to remit these taxes in a timely manner may result in the personal assessment of a responsible party for the amount of tax together with the possibility of criminal sanctions, if warranted.

An individual who signs the application for an enterprise's or organization's state trust fund tax license or who signs a Pennsylvania trust fund tax return for an enterprise or organization will be presumed to be a responsible party in the absence of any contradicting evidence.

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

**EXAMPLE**

PABUSINESS ACTIVITY	%	PRODUCTS OR SERVICES	%	ADDITIONAL PRODUCTS OR SERVICES	%
CONSTRUCTION	70	BUILDING SINGLE FAMILY HOMES	40	BUILDING APARTMENTBUILDINGS	30
MANUFACTURING					
RETAILTRADE					
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><b>CONSTRUCTION</b> – ESTABLISHMENTS ENGAGED IN NEW CONSTRUCTION WORK, RENOVATIVE CONSTRUCTION WORK, ADDITIONS, ALTERATIONS, INSTALLATIONS AND REPAIRS.</p> <p><b>CATEGORY INCLUDES</b> GENERALCONTRACTORS, SUBCONTRACTORS, SPECIAL TRADE CONTRACTORS, BUILDING CONSTRUCTION, HEAVY CONSTRUCTION.</p> <p><b>CATEGORY EXCLUDES</b> FORCE ACCOUNT CONSTRUCTION, INSTALLATION WORK INCIDENTAL TO SALE.</p>	<p>SPECIFY THE TYPES OF STRUCTURES OR PROJECTS. <i>FOR EXAMPLE:</i></p> <table border="0"> <tr> <td>BRIDGES</td> <td>FARM BUILDING</td> <td>PAINTING</td> </tr> <tr> <td>CARPENTRY</td> <td>HIGHWAYS</td> <td>PLUMBING</td> </tr> <tr> <td>COMMERCIALBUILDING</td> <td>INDUSTRIAL BUILDING</td> <td>SEWER</td> </tr> <tr> <td>ELECTRICAL</td> <td>INSTALLATION OF BUILDING EQPT.</td> <td>SIDING</td> </tr> <tr> <td>EXCAVATION</td> <td>LAND CLEARING</td> <td>SINGLE FAMILY HOUSING</td> </tr> <tr> <td>FACTORY BUILDING</td> <td>MASONRY</td> <td>STREETS</td> </tr> </table>	BRIDGES	FARM BUILDING	PAINTING	CARPENTRY	HIGHWAYS	PLUMBING	COMMERCIALBUILDING	INDUSTRIAL BUILDING	SEWER	ELECTRICAL	INSTALLATION OF BUILDING EQPT.	SIDING	EXCAVATION	LAND CLEARING	SINGLE FAMILY HOUSING	FACTORY BUILDING	MASONRY	STREETS									
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EXCAVATION	LAND CLEARING	SINGLE FAMILY HOUSING																										
FACTORY BUILDING	MASONRY	STREETS																										
<p><b>MANUFACTURING</b> – ESTABLISHMENTS ENGAGED IN MECHANICAL OR CHEMICAL TRANSFORMATION OF MATERIALS INTO NEW PRODUCTS, ASSEMBLING COMPONENTPARTS, BLENDING OF MATERIALS.</p> <p><b>CATEGORY INCLUDES</b> FOOD &amp; TOBACCO PRODUCTS, TEXTILES &amp; APPAREL, WOOD PRODUCTS, FURNITURE &amp; FIXTURES, PRINTING &amp; PUBLISHING, CHEMICALS &amp; PETROLEUM REFINING, RUBBER &amp; PLASTIC, LEATHER PRODUCTS, STONE, CLAY, GLASS &amp; CONCRETE PRODUCTS, PRIMARY&amp; FABRICATED METAL, MACHINERY &amp; EQUIPMENT, ELECTRICAL &amp; ELECTRONIC EQUIPMENT.</p> <p><b>CATEGORY EXCLUDES</b> PROCESSING ON FARMS, CONSTRUCTION FABRICATION ON SITE, BREAKING OF BULK AND REDISTRIBUTION, MOST REPAIR ACTIVITIES.</p>	<p>SPECIFY THE PRODUCTS MANUFACTURED AND/OR TYPE OF PLANT&amp; PRINCIPAL PROCESS USED. <i>FOR EXAMPLE:</i></p> <table border="0"> <tr> <td>AIRCRAFTENGINES</td> <td>LOGGING</td> <td>PRECIOUS METAL/JEWELRY</td> </tr> <tr> <td>CANNED FRUITS</td> <td>MEATPACKING PLANT</td> <td>SOLID FIBER BOXES</td> </tr> <tr> <td>CARPETS</td> <td>METALHEAT TREATING</td> <td>STEELPIPE</td> </tr> <tr> <td>COTTON FABRIC</td> <td>METAL OFFICE FURNITURE</td> <td>STRUCTURALSTEEL</td> </tr> <tr> <td>ELECTRONIC COMPUTERS</td> <td>NAVIGATIONAL INSTRUMENTS</td> <td>TELEPHONE SETS</td> </tr> <tr> <td>ELEVATORS</td> <td>NEWSPAPERS</td> <td>TIRES</td> </tr> <tr> <td>FARM MACHINERY</td> <td>OFFSETPRINTING</td> <td>WOMEN'S BLOUSES</td> </tr> <tr> <td>FLATGLASS</td> <td>PLASTIC FILM</td> <td>WOOD PALLETS</td> </tr> <tr> <td>INDUSTRIAL GASES</td> <td>POULTRY SLAUGHTERING</td> <td></td> </tr> </table>	AIRCRAFTENGINES	LOGGING	PRECIOUS METAL/JEWELRY	CANNED FRUITS	MEATPACKING PLANT	SOLID FIBER BOXES	CARPETS	METALHEAT TREATING	STEELPIPE	COTTON FABRIC	METAL OFFICE FURNITURE	STRUCTURALSTEEL	ELECTRONIC COMPUTERS	NAVIGATIONAL INSTRUMENTS	TELEPHONE SETS	ELEVATORS	NEWSPAPERS	TIRES	FARM MACHINERY	OFFSETPRINTING	WOMEN'S BLOUSES	FLATGLASS	PLASTIC FILM	WOOD PALLETS	INDUSTRIAL GASES	POULTRY SLAUGHTERING	
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<p><b>MINING, QUARRYING, OIL / GAS EXTRACTION</b> – ESTABLISHMENTS ENGAGED IN THE EXTRACTION OF MINERALS OCCURRING NATURALLY AND PREPARATION DONE ATAMINE SITE.</p> <p><b>CATEGORY INCLUDES</b> METAL MINING, COAL MINING, NATURAL GAS PROD., NON-METALLIC MINERALS.</p> <p><b>CATEGORY EXCLUDES</b> PRODUCING PRIMARYMAGNESIUM METAL, PRODUCING PACKAGED FUEL, PIPELINE TRANS. OF GASOLINE (EXCEPT CRUDE), CUTTING AND FINISHING STONE PRODUCTS</p>	<p>SPECIFY EACH MINERALOR PRODUCTEXTRACTED. IF SERVICES, DESCRIBE SERVICE AND MINERAL INVOLVED. <i>FOR EXAMPLE:</i></p> <table border="0"> <tr> <td>BITUMINOUS COAL SURFACE MINING</td> <td>CLAY QUARRYING</td> <td>IRON ORE</td> </tr> <tr> <td>BITUMINOUS COAL UNDERGROUND MINING</td> <td>CRUSHED MARBLE</td> <td>LOGGING ON A CONTRACT BASIS</td> </tr> <tr> <td>BROKEN LIMESTONE</td> <td>DIMENSION STONE</td> <td>SILVER ORE</td> </tr> <tr> <td></td> <td>INDUSTRIAL DIAMOND MINING</td> <td>STRIPPING SERVICES</td> </tr> </table>	BITUMINOUS COAL SURFACE MINING	CLAY QUARRYING	IRON ORE	BITUMINOUS COAL UNDERGROUND MINING	CRUSHED MARBLE	LOGGING ON A CONTRACT BASIS	BROKEN LIMESTONE	DIMENSION STONE	SILVER ORE		INDUSTRIAL DIAMOND MINING	STRIPPING SERVICES															
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<p><b>RETAIL TRADE</b> – ESTABLISHMENTS ENGAGED IN SELLING MERCHANDISE TO THE GENERALPUBLIC FOR PERSONALOR HOUSEHOLD CONSUMPTION.</p> <p><b>CATEGORY INCLUDES</b> BUILDING MATERIALS, GENERAL MERCHANDISE STORES, FOOD STORES, AUTOMOBILE DEALERS, SERVICE STATIONS, APPARELSTORES, FURNITURE STORES, EATING PLACES.</p> <p><b>CATEGORY EXCLUDES</b> FARM EQUIPMENT, USED VEHICLE PARTS, COMMERCIALEQUIPMENT..</p>	<p>SPECIFYSEPARATELYTHE DIFFERENTTYPES OF GOODS SOLD, WHETHER THE GOODS ARE NEW OR USED, OR SPECIFYTHE TYPE OF STORE OR RETAILACTIVITY. <i>FOR EXAMPLE:</i></p> <table border="0"> <tr> <td>BRIDALSHOP</td> <td>LUMBER</td> <td>RETAILMAIL ORDER HOUSE</td> </tr> <tr> <td>CUSTOM TAILOR</td> <td>LUNCH WAGON</td> <td>TAVERN</td> </tr> <tr> <td>DEPARTMENTSTORE</td> <td>NEW AUTO PARTS</td> <td>USED HOUSEHOLD APPLIANCES</td> </tr> <tr> <td>GASOLINE STATION</td> <td>PETS</td> <td></td> </tr> <tr> <td>GIFTS</td> <td>RESTAURANT</td> <td></td> </tr> <tr> <td>GROCERY STORE</td> <td>RETAILBAKERY</td> <td>WALLPAPER</td> </tr> </table>	BRIDALSHOP	LUMBER	RETAILMAIL ORDER HOUSE	CUSTOM TAILOR	LUNCH WAGON	TAVERN	DEPARTMENTSTORE	NEW AUTO PARTS	USED HOUSEHOLD APPLIANCES	GASOLINE STATION	PETS		GIFTS	RESTAURANT		GROCERY STORE	RETAILBAKERY	WALLPAPER									
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<p><b>WHOLESALE TRADE</b> – ESTABLISHMENTS ENGAGED IN SELLING MERCHANDISE TO RETAILERS, PROFESSIONALBUYERS &amp; WHOLESALERS, AND AGENTS &amp; BROKERS.</p> <p><b>CATEGORY INCLUDES</b> DURABLE GOODS, NON-DURABLE GOODS.</p> <p><b>CATEGORY EXCLUDES</b> SELLING CONSTRUCTION MATERIALS TO THE GENERAL PUBLIC, INSTALLING ELECTRICAL&amp; PLUMBING EQUIPMENT, WHOLESALE OF GOODS MANUFACTURED ATTHE SAME ESTABLISHMENT.</p>	<p>SPECIFYSEPARATELYTHE DIFFERENTTYPES OF GOODS SOLD. <i>FOR EXAMPLE:</i></p> <table border="0"> <tr> <td>ADVERTISING SPECIALTIES</td> <td>INDUSTRIALSUPPLIES</td> <td>PLASTICS FILM</td> </tr> <tr> <td>BUSES</td> <td>MEDICALEQUIPMENT</td> <td>SERVICE STATION EQUIPMENT</td> </tr> <tr> <td>CANNED GOODS</td> <td>MILK DEPOT</td> <td>SHIPPING SUPPLIES</td> </tr> <tr> <td>FARM EQUIPMENT</td> <td>NEW AND/OR USED AUTO</td> <td>STRAW</td> </tr> <tr> <td>FARM SUPPLIES</td> <td>PARTS</td> <td>TELEPHONE EQUIPMENT</td> </tr> <tr> <td>HAY</td> <td>PETROLEUM BULK STATION</td> <td>WASTE MATERIALS</td> </tr> </table>	ADVERTISING SPECIALTIES	INDUSTRIALSUPPLIES	PLASTICS FILM	BUSES	MEDICALEQUIPMENT	SERVICE STATION EQUIPMENT	CANNED GOODS	MILK DEPOT	SHIPPING SUPPLIES	FARM EQUIPMENT	NEW AND/OR USED AUTO	STRAW	FARM SUPPLIES	PARTS	TELEPHONE EQUIPMENT	HAY	PETROLEUM BULK STATION	WASTE MATERIALS									
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<p><b>FINANCE</b> – ESTABLISHMENTS ENGAGED IN FINANCIAL SERVICES</p> <p><b>CATEGORY INCLUDES</b> DEPOSITORY INSTITUTIONS, NON-DEPOSITORY INSTITUTIONS, SECURITY BROKERS &amp; DEALERS, HOLDING COMPANIES.</p> <p><b>CATEGORY EXCLUDES</b> INSURANCE, SHORT-TERM OR EXTENDED-TERM LEASING OF VEHICLES.</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>AGRICULTURAL LOAN COMPANY</td> <td>STATE SAVINGS BANK</td> <td>MORTGAGE BANKER</td> </tr> <tr> <td>BANKS FOR COOPERATIVES</td> <td>FINANCIAL LEASING OF VEHICLES OR EQUIPMENT</td> <td>PATENTLEASING</td> </tr> <tr> <td>CHECK CASHING AGENCY</td> <td>INVESTMENTADVISORY SERVICE</td> <td>PERSONALCREDIT INSTITUTION</td> </tr> <tr> <td>COMMODITYCONTRACT BROKER</td> <td>INVESTMENTBANKER</td> <td></td> </tr> <tr> <td>FEDERALRESERVE BANK</td> <td>MANAGEMENT OF EDUCATIONALTRUSTS</td> <td>STATE COMMERCIAL BANK TRUSTS</td> </tr> </table>	AGRICULTURAL LOAN COMPANY	STATE SAVINGS BANK	MORTGAGE BANKER	BANKS FOR COOPERATIVES	FINANCIAL LEASING OF VEHICLES OR EQUIPMENT	PATENTLEASING	CHECK CASHING AGENCY	INVESTMENTADVISORY SERVICE	PERSONALCREDIT INSTITUTION	COMMODITYCONTRACT BROKER	INVESTMENTBANKER		FEDERALRESERVE BANK	MANAGEMENT OF EDUCATIONALTRUSTS	STATE COMMERCIAL BANK TRUSTS												
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<p><b>INSURANCE</b> – ESTABLISHMENTS ENGAGED IN INSURANCE SERVICES.</p> <p><b>CATEGORY INCLUDES</b> INSURANCE CARRIERS, INSURANCE AGENTS, INSURANCE BROKERS, INSURANCE SERVICE.</p> <p><b>CATEGORY EXCLUDES</b> FINANCE AND SEARCHING REAL ESTATE TITLES.</p>	<p>SPECIFY EACH TYPE OF INSURANCE SOLD AND SPECIFYIF THE INSURANCE IS UNDERWRITTEN BYTHE SAME ENTERPRISE. <i>FOR EXAMPLE:</i></p> <table border="0"> <tr> <td>ACCIDENTINSURANCE UNDERWRITING</td> <td>HOSPITAL&amp; MEDICAL SERVICE PLANS</td> <td>MANAGING PENSION FUNDS</td> </tr> <tr> <td>BONDING</td> <td>INSURANCE</td> <td>SURETYINSURANCE</td> </tr> <tr> <td>FIRE INSURANCE UNDERWRITING</td> <td>LIFE INSURANCE AGENT</td> <td>TITLE INSURANCE UNDERWRITING</td> </tr> <tr> <td>HEALTH INSURANCE FOR PETS</td> <td>LIFE INSURANCE UNDERWRITING</td> <td>WORKERS COMPENSATION</td> </tr> </table>	ACCIDENTINSURANCE UNDERWRITING	HOSPITAL& MEDICAL SERVICE PLANS	MANAGING PENSION FUNDS	BONDING	INSURANCE	SURETYINSURANCE	FIRE INSURANCE UNDERWRITING	LIFE INSURANCE AGENT	TITLE INSURANCE UNDERWRITING	HEALTH INSURANCE FOR PETS	LIFE INSURANCE UNDERWRITING	WORKERS COMPENSATION															
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PA BUSINESS ACTIVITY	TYPICAL PRODUCTS OR SERVICES																																			
<p><b>REAL ESTATE</b> – ESTABLISHMENTS ENGAGED IN REAL ESTATE SERVICES.</p> <p><b>CATEGORY INCLUDES</b> REAL ESTATE OPERATORS, OWNERS AND LESSORS OF REAL PROPERTY, REAL ESTATE AGENTS, REAL ESTATE BROKERS.</p> <p><b>CATEGORY EXCLUDES</b> OPERATORS OF HOTELS OR CAMPS, OR DEVELOPING LOTS FOR OTHERS</p>	<p>SPECIFY EACH TYPE OF REAL ESTATE ACTIVITY. FOR OPERATORS OR MANAGERS OF RESIDENTIAL PROPERTIES, SPECIFY THE NUMBER OF HOUSING UNITS AND WHETHER THIS ENTERPRISE OWNS THE PROPERTY OR OPERATES IT FOR OTHERS. <i>FOR EXAMPLE:</i></p> <table border="0"> <tr> <td data-bbox="683 226 954 275">CEMETERY ASSOCIATION</td> <td data-bbox="954 226 1203 275">REALESTATE AGENTS FOR OTHERS</td> <td data-bbox="1203 226 1458 275">OWNER-OPERATOR OF APARTMENTBUILDING</td> </tr> <tr> <td data-bbox="683 275 954 338">LESSORS OF RAILROAD PROPERTY</td> <td data-bbox="954 275 1203 338">REALESTATE MANAGERS FOR OTHERS</td> <td data-bbox="1203 275 1458 338">OWNER-OPERATOR OF NON-RESIDENTIALBUILDING TITLE ABSTRACTCOMPANY</td> </tr> </table>			CEMETERY ASSOCIATION	REALESTATE AGENTS FOR OTHERS	OWNER-OPERATOR OF APARTMENTBUILDING	LESSORS OF RAILROAD PROPERTY	REALESTATE MANAGERS FOR OTHERS	OWNER-OPERATOR OF NON-RESIDENTIALBUILDING TITLE ABSTRACTCOMPANY																											
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<p><b>TRANSPORTATION</b> - ESTABLISHMENTS ENGAGED IN PROVIDING PASSENGER OR FREIGHT TRANSPORTATION.</p> <p><b>CATEGORY INCLUDES</b> RAILROADS, LOCAL &amp; SUBURBAN TRANSIT, MOTOR FREIGHT TRANSPORTATION, USPS, WATER TRANSPORTATION, AIR TRANSPORTATION, PIPELINE TRANSPORTATION.</p> <p><b>CATEGORY EXCLUDES</b> LESSORS OF RAILROAD PROPERTY OR ARMORED CAR SERVICE.</p>	<p>SPECIFY SEPARATELY EACH TRANSPORTATION MODE. IF SERVICES SPECIFY THE TYPE OF SERVICE. <i>FOR EXAMPLE:</i></p> <table border="0"> <tr> <td data-bbox="683 386 954 407">BOAT CLEANING</td> <td data-bbox="954 386 1203 407">LOADING VESSELS</td> <td data-bbox="1203 386 1458 407">ROAD AMBULANCE SERVICE</td> </tr> <tr> <td data-bbox="683 407 954 455">CRUDE PETROLEUM PIPELINES</td> <td data-bbox="954 407 1203 455">LOCAL BUS CHARTER SERVICE</td> <td data-bbox="1203 407 1458 455">SCHEDULED AIR CARGO-CARRIER</td> </tr> <tr> <td data-bbox="683 455 954 476">FERRIES</td> <td data-bbox="954 455 1203 476">LOCAL BUS LINE OPERATION</td> <td data-bbox="1203 455 1458 476">SCHOOL BUSES</td> </tr> <tr> <td data-bbox="683 476 954 504">FREIGHT FORWARDING SERVICE</td> <td data-bbox="954 476 1203 504">LOCAL TRUCKING</td> <td data-bbox="1203 476 1458 504">TAXICABS</td> </tr> <tr> <td data-bbox="683 504 954 548">INTERURBAN RAILWAYS</td> <td data-bbox="954 504 1203 548">LONG-DISTANCE TRUCKING</td> <td data-bbox="1203 504 1458 548">PRIVATE PACKAGE DELIVERY</td> </tr> <tr> <td></td> <td></td> <td data-bbox="1203 504 1458 548">TRAVEL AGENCIES</td> </tr> </table>			BOAT CLEANING	LOADING VESSELS	ROAD AMBULANCE SERVICE	CRUDE PETROLEUM PIPELINES	LOCAL BUS CHARTER SERVICE	SCHEDULED AIR CARGO-CARRIER	FERRIES	LOCAL BUS LINE OPERATION	SCHOOL BUSES	FREIGHT FORWARDING SERVICE	LOCAL TRUCKING	TAXICABS	INTERURBAN RAILWAYS	LONG-DISTANCE TRUCKING	PRIVATE PACKAGE DELIVERY			TRAVEL AGENCIES															
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<p><b>WAREHOUSING</b> – ESTABLISHMENTS ENGAGED IN THE STORAGE OF GOODS FOR OTHERS.</p> <p><b>CATEGORY INCLUDES</b> REFRIGERATED WAREHOUSES, GENERAL WAREHOUSES, SPECIALIZED WAREHOUSES.</p> <p><b>CATEGORY EXCLUDES</b> WAREHOUSING FOR OTHER ESTABLISHMENTS OF THE SAME ENTERPRISE, FIELD WAREHOUSING.</p>	<p>SPECIFY THE TYPE OF STORAGE AND/OR THE TYPE OF GOODS STORED. <i>FOR EXAMPLE:</i></p> <table border="0"> <tr> <td data-bbox="683 623 954 651">FROZEN FOOD LOCKER RENTAL</td> <td data-bbox="954 623 1203 651">POTATO CELLARS</td> <td data-bbox="1203 623 1458 651">WAREHOUSING FARM PRODUCTS</td> </tr> <tr> <td data-bbox="683 651 954 722">FUR STORAGE FOR THE TRADE</td> <td data-bbox="954 651 1203 722">SELF-STORAGE WAREHOUSING</td> <td data-bbox="1203 651 1458 722">WHISKEY WAREHOUSING</td> </tr> </table>			FROZEN FOOD LOCKER RENTAL	POTATO CELLARS	WAREHOUSING FARM PRODUCTS	FUR STORAGE FOR THE TRADE	SELF-STORAGE WAREHOUSING	WHISKEY WAREHOUSING																											
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<p><b>COMMUNICATIONS</b> – ESTABLISHMENTS ENGAGED IN FURNISHING POINT-TO-POINT COMMUNICATION SERVICES.</p> <p><b>CATEGORY INCLUDES</b> TELEPHONE COMMUNICATION, TELEGRAPH COMMUNICATIONS, RADIO &amp; TELEVISION.</p> <p><b>CATEGORY EXCLUDES</b> TELEPHONE ANSWERING SERVICE, PRODUCING TAPED TELEVISION PROGRAM MATERIALS</p>	<p>SPECIFY TYPES OF SERVICES. <i>FOR EXAMPLE:</i></p> <table border="0"> <tr> <td data-bbox="683 779 954 800">CABLE TV SERVICES</td> <td data-bbox="954 779 1203 800">RADIO BROADCASTING</td> <td></td> </tr> <tr> <td data-bbox="683 821 954 869">LOCAL &amp; LONG DISTANCE TELEPHONE SERVICES</td> <td data-bbox="954 821 1203 869">TELEVISION BROADCASTING</td> <td></td> </tr> <tr> <td data-bbox="683 884 954 905">PAGING SERVICES</td> <td data-bbox="954 884 1203 905">TELEX SERVICES</td> <td></td> </tr> </table>			CABLE TV SERVICES	RADIO BROADCASTING		LOCAL & LONG DISTANCE TELEPHONE SERVICES	TELEVISION BROADCASTING		PAGING SERVICES	TELEX SERVICES																									
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<p><b>AGRICULTURE, FORESTRY, FISHING</b> – ESTABLISHMENTS ENGAGED IN AGRICULTURAL PRODUCTION, COMMERCIAL FISHING AND HUNTING.</p> <p><b>CATEGORY INCLUDES</b> AGRICULTURAL CROPS, AGRICULTURAL LIVESTOCK, AGRICULTURAL SERVICES, FORESTRY, FISHING, HUNTING, TRAPPING.</p> <p><b>CATEGORY EXCLUDES</b> SALES OF PRODUCTS ONLY, TRAINING RACEHORSES, INSTALLATION OF ARTIFICIAL TURF, OR LOGGING.</p>	<p>SPECIFY EACH TYPE OF CROP GROWN, LIVESTOCK RAISED, FISH CAUGHT AND FORESTRY WORK. ALSO SPECIFY WHERE GROWN OR PURPOSE FOR WHICH RAISED. <i>FOR EXAMPLE:</i></p> <table border="0"> <tr> <td data-bbox="683 974 954 995">BOARDING KENNELS</td> <td data-bbox="954 974 1203 995">GAME PRESERVE</td> <td data-bbox="1203 974 1458 995">SOIL PREPARATION SERVICES</td> </tr> <tr> <td data-bbox="683 995 954 1016">CATTLE RANCH</td> <td data-bbox="954 995 1203 1016">GENERAL LANDSCAPING SERVICES</td> <td data-bbox="1203 995 1458 1016">TIMBER VALUATION</td> </tr> <tr> <td data-bbox="683 1016 954 1037">CATTLE SPRAYING</td> <td data-bbox="954 1016 1203 1037">GROWING OF NURSERY STOCK</td> <td data-bbox="1203 1016 1458 1037">TOMATOES GROWN UNDER-COVER</td> </tr> <tr> <td data-bbox="683 1037 954 1058">CHICKEN HATCHERY</td> <td data-bbox="954 1037 1203 1058">LAWN &amp; GARDEN SERVICES</td> <td data-bbox="1203 1037 1458 1058">TREE TRIMMING</td> </tr> <tr> <td data-bbox="683 1058 954 1079">CORN FARM</td> <td></td> <td data-bbox="1203 1058 1458 1079">VETERINARY SERVICES FOR PETS</td> </tr> <tr> <td data-bbox="683 1079 954 1100">DAIRY FARM</td> <td></td> <td></td> </tr> <tr> <td data-bbox="683 1100 954 1142">FISH HATCHERY</td> <td></td> <td></td> </tr> </table>			BOARDING KENNELS	GAME PRESERVE	SOIL PREPARATION SERVICES	CATTLE RANCH	GENERAL LANDSCAPING SERVICES	TIMBER VALUATION	CATTLE SPRAYING	GROWING OF NURSERY STOCK	TOMATOES GROWN UNDER-COVER	CHICKEN HATCHERY	LAWN & GARDEN SERVICES	TREE TRIMMING	CORN FARM		VETERINARY SERVICES FOR PETS	DAIRY FARM			FISH HATCHERY														
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<p><b>UTILITY, SANITARY SERVICE</b> – ESTABLISHMENTS ENGAGED IN PROVIDING ELECTRIC, GAS, AND SANITARY SERVICES.</p> <p><b>CATEGORY INCLUDES</b> ELECTRIC SERVICES, GAS TRANSMISSION, WATER SUPPLY, SANITARY SERVICES.</p> <p><b>CATEGORY EXCLUDES</b> DISTRIBUTION OF LPGAS IN STEEL CONTAINERS, COLLECTING AND TRANSPORTING REFUSE.</p>	<p>SPECIFY SEPARATELY EACH TYPE OF SERVICE. <i>FOR EXAMPLE:</i></p> <table border="0"> <tr> <td data-bbox="683 1178 954 1226">DISTRIBUTION OF COOLED AIR</td> <td data-bbox="954 1178 1203 1226">NATURAL GAS DISTRIBUTION</td> <td data-bbox="1203 1178 1458 1226">PROVIDING ELECTRIC SERVICE</td> </tr> <tr> <td data-bbox="683 1241 954 1289">IRRIGATION SYSTEM OPERATOR</td> <td data-bbox="954 1241 1203 1289">NATURAL GAS PIPELINE</td> <td data-bbox="1203 1241 1458 1289">SEWAGE SYSTEMS</td> </tr> <tr> <td data-bbox="683 1304 954 1325">LANDFILL OPERATIONS</td> <td data-bbox="954 1304 1203 1325">OIL SPILL CLEANUP</td> <td data-bbox="1203 1304 1458 1325">WATER SUPPLY SYSTEMS</td> </tr> </table>			DISTRIBUTION OF COOLED AIR	NATURAL GAS DISTRIBUTION	PROVIDING ELECTRIC SERVICE	IRRIGATION SYSTEM OPERATOR	NATURAL GAS PIPELINE	SEWAGE SYSTEMS	LANDFILL OPERATIONS	OIL SPILL CLEANUP	WATER SUPPLY SYSTEMS																								
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<p><b>SERVICES</b> – ESTABLISHMENTS ENGAGED IN PROVIDING A WIDE VARIETY OF SERVICES FOR INDIVIDUALS, BUSINESS AND GOVERNMENT ESTABLISHMENTS.</p> <p><b>CATEGORY INCLUDES</b> LODGING PLACES, PERSONAL SERVICES, BUSINESS SERVICES, AUTOMOTIVE SERVICES, REPAIR SERVICES, MOTION PICTURES, AMUSEMENT &amp; RECREATION SERVICES, HEALTH SERVICES, LEGAL SERVICES, EDUCATIONAL SERVICES, SOCIAL SERVICES, MUSEUMS, MEMBERSHIP ORGANIZATIONS, ENGINEERING, ACCOUNTING, EMPLOYEE LEASING, PAYROLL SERVICES, SHORT-TERM OR EXTENDED-TERM LEASING OF VEHICLES.</p> <p><b>CATEGORY EXCLUDES</b> PAINTING CONTRACTORS, ELECTRICAL CONTRACTORS, APARTMENT HOTELS, INSTALLATION ONLY OF SECURITY DEVICES, WELDING ON-SITE, LANDSCAPE ARCHITECTURAL SERVICES.</p>	<p>SPECIFY SEPARATELY THE PRINCIPAL TYPES OF SERVICES PERFORMED. ALSO DESCRIBE THE DISTINCTIVE FEATURES OF THESE SERVICES. <i>FOR EXAMPLE:</i></p> <table border="0"> <tr> <td data-bbox="683 1373 954 1394">AERIAL ADVERTISING</td> <td data-bbox="954 1373 1203 1394">CUSTOM SOFTWARE PROGRAMMING</td> <td data-bbox="1203 1373 1458 1394">JANITORIAL SERVICE</td> </tr> <tr> <td data-bbox="683 1394 954 1415">ARCHITECTURAL SERVICES</td> <td data-bbox="954 1394 1203 1415">EMPLOYEE LEASING SERVICE</td> <td data-bbox="1203 1394 1458 1415">PASSENGER CAR RENTAL OR LEASING</td> </tr> <tr> <td data-bbox="683 1415 954 1436">ATTORNEY</td> <td data-bbox="954 1415 1203 1436">FURNITURE RENTAL &amp; LEASING</td> <td data-bbox="1203 1415 1458 1436">PORTRAIT PHOTOGRAPHER</td> </tr> <tr> <td data-bbox="683 1436 954 1457">AUTOMOTIVE BODY SHOP</td> <td data-bbox="954 1436 1203 1457">GROUP FOSTER HOMES</td> <td data-bbox="1203 1436 1458 1457">PUBLIC GOLF COURSE</td> </tr> <tr> <td data-bbox="683 1457 954 1478">BEAUTY SHOP</td> <td data-bbox="954 1457 1203 1478">HEALTH SERVICES (SPECIFY MD, DO, DDS, DP, ETC.).</td> <td data-bbox="1203 1457 1458 1478">RADIO REPAIR SHOP</td> </tr> <tr> <td data-bbox="683 1478 954 1499">BOOKKEEPING SERVICES</td> <td data-bbox="954 1478 1203 1499">(SKILLED NURSING HOMES, INTERMEDIATE CARE FACILITIES, GENERAL HOSPITALS, CANCER HOSPITALS)</td> <td data-bbox="1203 1478 1458 1499">TELEMARKETING SERVICE</td> </tr> <tr> <td data-bbox="683 1499 954 1520">CHILD DAY CARE</td> <td data-bbox="954 1499 1203 1520">HIGH SCHOOLS</td> <td data-bbox="1203 1499 1458 1520">TELEVISION FILM PRODUCTION</td> </tr> <tr> <td data-bbox="683 1520 954 1541">CIVIL ENGINEERS</td> <td data-bbox="954 1520 1203 1541">HOTEL / MOTEL</td> <td data-bbox="1203 1520 1458 1541">TEMPORARY HELP SERVICE</td> </tr> <tr> <td data-bbox="683 1541 954 1562">COIN-OPERATED LAUNDRY</td> <td></td> <td data-bbox="1203 1541 1458 1562">TRADE ASSOCIATIONS</td> </tr> <tr> <td data-bbox="683 1562 954 1583">COMMERCIAL MARKET RESEARCH</td> <td></td> <td data-bbox="1203 1562 1458 1583">VIDEO TAPE RENTAL</td> </tr> <tr> <td data-bbox="683 1583 954 1604">COMPUTER CONSULTANTS</td> <td></td> <td></td> </tr> </table>			AERIAL ADVERTISING	CUSTOM SOFTWARE PROGRAMMING	JANITORIAL SERVICE	ARCHITECTURAL SERVICES	EMPLOYEE LEASING SERVICE	PASSENGER CAR RENTAL OR LEASING	ATTORNEY	FURNITURE RENTAL & LEASING	PORTRAIT PHOTOGRAPHER	AUTOMOTIVE BODY SHOP	GROUP FOSTER HOMES	PUBLIC GOLF COURSE	BEAUTY SHOP	HEALTH SERVICES (SPECIFY MD, DO, DDS, DP, ETC.).	RADIO REPAIR SHOP	BOOKKEEPING SERVICES	(SKILLED NURSING HOMES, INTERMEDIATE CARE FACILITIES, GENERAL HOSPITALS, CANCER HOSPITALS)	TELEMARKETING SERVICE	CHILD DAY CARE	HIGH SCHOOLS	TELEVISION FILM PRODUCTION	CIVIL ENGINEERS	HOTEL / MOTEL	TEMPORARY HELP SERVICE	COIN-OPERATED LAUNDRY		TRADE ASSOCIATIONS	COMMERCIAL MARKET RESEARCH		VIDEO TAPE RENTAL	COMPUTER CONSULTANTS		
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<p><b>DOMESTIC</b> – PRIVATE HOUSEHOLDS WHO EMPLOY WORKERS TO SERVE ON OR ABOUT THE PREMISES.</p> <p><b>CATEGORY INCLUDES</b> PRIVATE HOUSEHOLDS EMPLOYING DOMESTIC SERVICES.</p> <p><b>CATEGORY EXCLUDES</b> PRIVATE DUTY NURSES EMPLOYED AND PAID THROUGH AN AGENCY</p>	<p>SPECIFY TYPES OF SERVICES. <i>FOR EXAMPLE:</i></p> <table border="0"> <tr> <td data-bbox="683 1730 954 1778">CARE TAKING AND OTHER MAINTENANCE</td> <td data-bbox="954 1730 1203 1778">MAID</td> <td></td> </tr> <tr> <td></td> <td data-bbox="954 1778 1203 1799">NANNY</td> <td></td> </tr> <tr> <td data-bbox="683 1799 954 1822">COOK</td> <td data-bbox="954 1799 1203 1822">PERSONAL AFFAIRS MANAGER</td> <td></td> </tr> </table>			CARE TAKING AND OTHER MAINTENANCE	MAID			NANNY		COOK	PERSONAL AFFAIRS MANAGER																									
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COOK	PERSONAL AFFAIRS MANAGER																																			

- Percentage:** Enter the percentage that this establishment's receipts or revenues represent of the total PA receipts or revenues of the enterprise.
- New and/or Renovative:** Establishments involved in construction activity must enter the percentage of new construction activity and/or renovative construction activity. The percentage should equal 100 percent of the construction activity at this establishment.
- Support Activities:** Check the appropriate box to indicate if this establishment is solely engaged in the performance of support activities for other establishments of the same enterprise. If "yes", list the name(s) of the supported establishment(s), and check the appropriate box to describe the support activity.

## 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 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 – f** 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.
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. 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. This form can be obtained by calling the Department of Revenue at (717) 783-6050, or the forms ordering numbers listed on page 3.

## 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 3 percent penalty on the tax due up to \$1,000. Taxpayers must register with the PA Department of Revenue to remit payments via EFT.

2. The enterprise may participate voluntarily in the Department of Revenue's EFT Program.
3. The Department of Revenue's EDI Program utilizes state-of-the-art technology for the computer-to-computer filing of tax return information. EDI reduces the costs and delays associated with processing paper tax returns.
4. Enterprises with 250 or more wage entries are required to report quarterly Unemployment Compensation (UC) wages to the Department of Labor & Industry via magnetic media. Non-compliance may result in penalty charges. Contact the Magnetic Media Reporting Unit at (717) 783-5802 for more information.
5. Enterprises with less than 250 wage entries may voluntarily report individuals' wages to the Department of Labor & Industry via magnetic media.
6. 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.

**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 PAUC 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 Labor & Industry Field Accounting Service Office.

## SECTION 13 – GOVERNMENT FORM OF ORGANIZATION

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 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.

To determine if it is advantageous to apply for a predecessor's UC experience record and reserve account balance, the registering enterprise should compare the predecessor's rate for the year the transfer occurred to the applicable newly liable rate. The registering enterprise must also consider if a transfer of the predecessor's experience record and reserve account balance and any potential benefit charges attributable to the predecessor and/or the registering enterprise would have an adverse effect on future years 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 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 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 number of employees who worked in the part of the predecessor's PA business operation that was transferred (acquired).
2. 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 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.

3. 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.
4. 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.
5. For the three calendar year period prior to the year of transfer (5a) or for a lesser period (5b) 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.
6. 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 5a or 5b.
7. 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, 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 OR PROMOTER LICENSE

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

Complete Part 1 to apply for a Sales and Use Tax License and/or a Public Transportation Assistance Tax License which will authorize the enterprise to:

- 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.

#### 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.

#### A Transient Vendor Certificate is needed if the enterprise:

- 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 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).

If the applicant is not associated with a PA licensed promoter for each show, a \$500 security deposit must be submitted with this form. The security deposit may be in the form of check, letter of credit or surety bond. Checks should be made payable to **PA Department of Revenue**.

**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.

If the applicant participates once or twice a year in promoter-sponsored events in PA, a temporary Sales Tax License may be obtained from the district office in the county where the event is held. If retail sales or services in PA will occur more than twice a year, a permanent Sales Tax License should be obtained.

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

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### **PART 3 - PROMOTER LICENSE**

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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.

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### **PART 4 - LOCATION OF SALES TAX COLLECTED**

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Complete Part 4 to identify the Pennsylvania financial institution and account number or other location where collected sales tax funds will be held until those funds are remitted to the Department of Revenue.

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## **SECTION 19 – CIGARETTE DEALER'S LICENSE**

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### **PART 1 - LICENSE TYPE**

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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.

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### **PART 2 - CIGARETTE WHOLESALER**

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

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### **PART 3 - CIGARETTE STAMPING AGENT**

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

All applicants for a Cigarette Stamping Agent License must submit written commitments from at least two cigarette manufacturers whose aggregate share is at least 40 percent of the Commonwealth's cigarette market.

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## **SECTION 20 – SMALL GAMES OF CHANCE LICENSE/CERTIFICATE**

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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.

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### **PART 1 - DISTRIBUTOR AND/OR MANUFACTURER**

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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.

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.

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### **PART 2 - DISTRIBUTOR**

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Complete this section to apply for a Distributor License only.

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### **PART 3 - SMALL GAMES OF CHANCE CERTIFICATION**

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

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

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

Authorized signature in Section 4 indicates applicant agrees to comply with the reporting, payment, record keeping, and license display requirements as specified in MCRT and/or the IFTA.

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### **PART 1 - VEHICLE OPERATIONS**

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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.

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#### **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 vehicle, implements of husbandry, tow truck (not roll-backs), special mobile equipment, unladen vehicle 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 IFTA Quarterly 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 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, 1998, 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, use 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 requested. **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, TDD# (717) 772-2252 (hearing impaired 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 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.

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

<b>Altoona</b> Cricket Field Plz. 615 Howard Ave. Altoona, PA 16601-4867 (814) 946-7310	<b>Greensburg</b> 15 W. Third St. 2nd Fl. Greensburg, PA 15601-3003 (724) 832-5203	<b>New Castle</b> 101 S. Mercer St. Rm. 201 New Castle, PA 16101-3837 (724) 656-3203	<b>Pittsburgh</b> State Office Bldg. 300 Liberty Ave. Rm. 104 Pittsburgh, PA 15222-1210 (412) 565-5253	<b>Washington</b> Landmark Bldg., Rm. 204 75 E. Maiden St. Washington, PA 15301-4963 (724) 223-4550
<b>Bethlehem</b> 44 E. Broad St. Bethlehem, PA 18018-5998 (610) 861-2021	<b>Harrisburg</b> Strawberry Square Lobby Harrisburg, PA 17128-0101 (717) 783-4447	<b>Newtown Square</b> 90 S. Newtown Street Rd. Ste. 1 Rt. 252 Newtown Sq., PA 19073-4090 (610) 353-4051	<b>Pottsville</b> 110 E. Laurel Blvd. Pottsville, PA 17901-2527 (717) 621-3175	<b>Wilkes-Barre</b> Thomas C. Thomas Bldg. 100 E. Union St. Ste. 201 Wilkes-Barre, PA 18702 (570) 826-2466
<b>Bradford</b> 86 Boylston St. 2nd Fl. Bradford, PA 16701-2011 (814) 368-0419	<b>Indiana</b> 835 Water St. Rear Indiana, PA 15701-1705 (724) 357-7659	<b>Norristown</b> Stoney Creek Office Ctr. 151 W. Marshall St. 4th Fl. Norristown, PA 19401-4739 (610) 270-1788	<b>Reading</b> 625 Cherry St. Ste. 239 Reading, PA 19602-1186 (610) 378-4401	<b>Williamsport</b> 322 Locust St. Williamsport, PA 17701-6085 (570) 327-3475
<b>Doylestown</b> 600 Louis Dr. Ste. 104 Warminster, PA 18974-2846 (215) 443-2887	<b>Johnstown</b> 345 Main St. 3rd Fl. Johnstown, PA 15901-1614 (814) 533-2361	<b>Philadelphia</b> State Office Bldg. Rm. 1206 1400 W. Spring Garden St. Philadelphia, PA 19130-4088 (215) 560-2714	<b>Scranton</b> Samters Bldg. Ste. 305 101 Penn Ave. Scranton, PA 18503-1970 (717) 963-4759	<b>York</b> 130 N. Duke St. 2nd Fl. York, PA 17401-1113 (717) 771-1306
<b>Erie</b> Sumner Nichols Bldg. 155 W. Eighth St. Rm. 307 Erie, PA 16501-1012 (814) 871-4491	<b>Lancaster</b> 160 E. King St. Lancaster, PA 17602-2869 (717) 299-7557		<b>Sunbury</b> 335 Market St. Sunbury, PA 17801-3466 (570) 988-5522	

## LABOR & INDUSTRY FIELD ACCOUNTING SERVICE OFFICES

LOCATIONS AND COUNTIES SERVED

<b>Allentown</b> 1 S. Second St. Ste. 400 Allentown, PA 18102-4901 (610) 821-6559	Lehigh Northampton	<b>Erie</b> 1316 State St. Erie, PA 16501-1978 (814) 871-4381	Crawford Erie	<b>Nanticoke</b> 40 E. Main St. Nanticoke, PA 18634 (570) 740-2440	Carbon Luzerne Sullivan	<b>Tannersville</b> Rt. 611 Merchants Plz. P.O. Box 789 Tannersville, PA 18372-0789 (570) 620-2870	Monroe Pike
<b>Altoona</b> 1101 Green Ave. Rm. 169 Altoona, PA 16601-3474 (814) 946-6991	Bedford Blair Huntingdon	<b>Greensburg</b> 593 Sells Ln. Westmoreland Greensburg, PA 15601-4458 (724) 832-5275		<b>Norristown East/West</b> 1931 New Hope St. Norristown, PA 19401-3143 (610) 270-1316 - East (610) 270-3450 - West	Montgomery	<b>Uniontown</b> 32 Iowa St. Uniontown, PA 15401-3513 (724) 439-7230	Fayette Greene
<b>Beaver Falls</b> 2103 Ninth Ave. Beaver Falls, PA 15010-3957 (724) 846-8803	Beaver Lawrence	<b>Harrisburg</b> 1171 S. Cameron St. Rm. 311 Harrisburg, PA 17104-2591 (717) 787-1700	Dauphin Juniata Lebanon Mifflin Perry	<b>Philadelphia</b> 444 N. Third St. Ste. 3B Philadelphia, PA 19123-4190 (215) 560-3136/1828	Philadelphia	<b>Washington</b> Milcraft Center, Ste. 120UL 90 W. Chestnut St. (Washington, PA 15301 ((724) 223-4530)	Washington
<b>Bradford</b> 42 Davis St. Bradford, PA 16701-2016 (814) 362-6992	Forest McKean Warren	<b>Hatboro</b> 471 E. County line Rd. P.O. Box 784 Hatboro, PA 19040-0784 (215) 443-3351	Bucks	<b>Pittsburgh</b> 933 Penn Ave. 2nd Fl. Pittsburgh, PA 15222-3815 (412) 565-2400	Allegheny	<b>Williamsport</b> 208 W. Third St. Ste. 301 Williamsport, PA 17701-6477 (570) 327-3525	Clinton Lycoming Potter Tioga
<b>Butler</b> 227 W. Cunningham St. P.O. Box 951 Butler, PA 16003-0951 (724) 284-8170	Armstrong Butler	<b>Johnstown</b> 200 Lincoln St. Johnstown, PA 15901-1592 (814) 533-2371	Cambria Indiana Somerset	<b>Reading</b> 625 Cherry St. Rm. 250 Reading, PA 19602-1184 (610) 378-4395	Berks	<b>York</b> 841 Vogelsong Rd. P.O. Box 14008 York, PA 17404-0868 (717) 767-7620	Adams York
<b>Carlisle</b> 1 Alexandra Ct. Carlisle, PA 17013-7667 (717) 249-8211	Cumberland	<b>Lancaster</b> 70 W. Walnut St. P.O. Box 1563 Lancaster, PA 17608-1563 (717) 299-7606	Lancaster	<b>State College</b> 210 W. Hamilton Ave. State College, PA 16801 (814) 863-1828	Centre	<b>Out-of-State</b> L & I Bldg. Rm. 700 Seventh & Forster Sts. Harrisburg, PA 17121-0001 (717) 787-5939	Those enterprises not having a PA location.
<b>Chambersburg</b> 600 Norland Ave. P.O. Box 190 Chambersburg, PA 17201-0190 (717) 264-7192	Franklin Fulton	<b>Malvern</b> Century Plz. 2nd Fl. 72 Lancaster Ave. Malvern, PA 19355-2160 (610) 647-3799	Chester	<b>Shamokin</b> 2 E. Arch St. P.O. Box 279 Shamokin, PA 17872-0279 (570) 644-3415	Columbia Montour North- umberland Schuylkill Snyder Union	For persons who use text telephones (717) 783-3545	
<b>Chester</b> 2nd Fl. Ste. D 701 Crosby St. Chester, PA 19013-6089 (610) 447-3290	Delaware	<b>Mercer</b> 114 W. South St. Mercer, PA 16137-1549 (724) 983-5709	Clarion Mercer Venango				
<b>Clearfield</b> 211 E. Locust St. Clearfield, PA 16830-2490 (814) 765-0572	Cameron Clearfield Elk Jefferson						