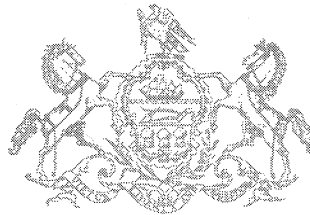


PA-100 (6-03)

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.paopenforbusiness.state.pa.us



PENNSYLVANIA
**ENTERPRISE
REGISTRATION
FORM AND INSTRUCTIONS**

DETACH AND MAIL COMPLETED REGISTRATION FORM TO:

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

MAIL COMPLETED APPLICATION TO:
DEPARTMENT OF REVENUE
BUREAU OF BUSINESS TRUST FUND TAXES
DEPT. 280901
HARRISBURG, PA 17128-0901



COMMONWEALTH OF PENNSYLVANIA
**PA ENTERPRISE
REGISTRATION FORM**

DEPARTMENT USE ONLY

RECEIVED DATE

DEPARTMENT OF REVENUE &
DEPARTMENT OF LABOR AND INDUSTRY

TYPE OR PRINT LEGIBLY, USE BLACK INK

SECTION 1 - REASON FOR THIS REGISTRATION

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

- 1. NEW REGISTRATION
- 2. ADDING TAX(ES) & SERVICE(S)
- 3. REACTIVATING TAX(ES) & SERVICE(S)
- 4. ADDING ESTABLISHMENT(S)
- 5. INFORMATION UPDATE
- 6. DID THIS ENTERPRISE:
 - YES NO ACQUIRE ALL OR PART OF ANOTHER BUSINESS?
 - YES NO RESULT FROM A CHANGE IN LEGAL STRUCTURE (FOR EXAMPLE, FROM INDIVIDUAL PROPRIETOR TO CORPORATION, PARTNERSHIP TO CORPORATION, CORPORATION TO LIMITED LIABILITY COMPANY, ETC)?
 - YES NO UNDERGO A MERGER, CONSOLIDATION, DISSOLUTION, OR OTHER RESTRUCTURING?

SECTION 2 - ENTERPRISE INFORMATION

1. DATE OF FIRST OPERATIONS		2. DATE OF FIRST OPERATIONS IN PA		3. ENTERPRISE FISCAL YEAR END DECEMBER 31	
4. ENTERPRISE LEGAL NAME			5. FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)		
6. ENTERPRISE TRADE NAME (if different than legal name)			7. ENTERPRISE TELEPHONE NUMBER ()		
8. ENTERPRISE STREET ADDRESS (do not use PO Box)		CITY/TOWN	COUNTY	STATE	ZIP CODE + 4
9. ENTERPRISE MAILING ADDRESS (if different than street address)		CITY/TOWN		STATE	ZIP CODE + 4
10. LOCATION OF ENTERPRISE RECORDS (street address) SAME AS # 8 & 9		CITY/TOWN		STATE	ZIP CODE + 4
11. ESTABLISHMENT NAME (doing business as) N/A		12. NUMBER OF ESTABLISHMENTS N/A	13. SCHOOL DISTRICT	14. MUNICIPALITY	

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

SECTION 3 - TAXES AND SERVICES

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

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

SECTION 4 - AUTHORIZED SIGNATURE

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

AUTHORIZED SIGNATURE (ATTACH POWER OF ATTORNEY IF APPLICABLE)		DAYTIME TELEPHONE NUMBER ()	TITLE
TYPE OR PRINT NAME		E-MAIL ADDRESS	DATE
TYPE OR PRINT PREPARER'S NAME			TITLE
DAYTIME TELEPHONE NUMBER ()		E-MAIL ADDRESS	DATE

ENTERPRISE NAME

SECTION 5 - BUSINESS STRUCTURE

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

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

- 2. PROFIT NON-PROFIT IS THE ENTERPRISE ORGANIZED FOR PROFIT OR NON-PROFIT?
- 3. YES NO IS THE ENTERPRISE EXEMPT FROM TAXATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(3)? IF YES, PROVIDE A COPY OF THE ENTERPRISE'S EXEMPTION AUTHORIZATION LETTER FROM THE INTERNAL REVENUE SERVICE.

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

PROVIDE THE FOLLOWING FOR ALL INDIVIDUAL AND/OR ENTERPRISE OWNERS, PARTNERS, SHAREHOLDERS, OFFICERS, AND RESPONSIBLE PARTIES. IF STOCK IS PUBLICLY TRADED, PROVIDE THE FOLLOWING FOR ANY SHAREHOLDER WITH AN EQUITY POSITION OF 5% OR MORE. ADDITIONAL SPACE IS AVAILABLE IN SECTION 6A, PAGE 11.

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

* DATE OF BIRTH REQUIRED ONLY IF APPLYING FOR A CIGARETTE WHOLESALE DEALER'S LICENSE, A SMALL GAMES OF CHANCE DISTRIBUTOR LICENSE, OR A SMALL GAMES OF CHANCE MANUFACTURER CERTIFICATE.

SECTION 7 - ESTABLISHMENT BUSINESS ACTIVITY INFORMATION

REFER TO THE INSTRUCTIONS TO COMPLETE THIS SECTION. COMPLETE SECTION 17 FOR MULTIPLE ESTABLISHMENTS.

1. ENTER THE PERCENTAGE THAT EACH PA BUSINESS ACTIVITY REPRESENTS OF THE TOTAL RECEIPTS OR REVENUES AT THIS ESTABLISHMENT. LIST ALL PRODUCTS OR SERVICES ASSOCIATED WITH EACH BUSINESS ACTIVITY. ENTER THE PERCENTAGE THAT THE PRODUCTS OR SERVICES REPRESENT OF THE TOTAL RECEIPTS OR REVENUES AT THIS ESTABLISHMENT.

PA BUSINESS ACTIVITY	%	PRODUCTS OR SERVICES	%	ADDITIONAL PRODUCTS OR SERVICES	%
Accommodation & Food Services					
Agriculture, Forestry, Fishing, & Hunting					
Art, Entertainment, & Recreation Services		NUTRITIONAL SUPPLEMENTS	89		
Communications/Information					
Construction (must complete question 3)		DIETARY FOODS	10		
Domestics (Private Households)					
Educational Services		MARKET DRIVEN PRODUCTS	1		
Finance					
Health Care Services					
Insurance					
Management of Companies & Enterprises					
Manufacturing					
Mining, Quarrying, & Oil/Gas Extraction					
Other Services					
Professional, Scientific, & Technical Services					
Public Administration					
Real Estate					
Retail Trade					
Sanitary Service					
Social Assistance Services					
Transportation					
Utilities					
Warehousing					
Wholesale Trade					
TOTAL	100%				

- 2. ENTER THE PERCENTAGE THAT THIS ESTABLISHMENT'S RECEIPTS OR REVENUES REPRESENT OF THE TOTAL PA RECEIPTS OR REVENUES OF THE ENTERPRISE.
100 %
- 3. ESTABLISHMENTS ENGAGED IN CONSTRUCTION **MUST** ENTER THE PERCENTAGE OF CONSTRUCTION ACTIVITY THAT IS NEW AND/OR RENOVATIVE AND THE PERCENTAGE OF CONSTRUCTION ACTIVITY THAT IS RESIDENTIAL AND/OR COMMERCIAL.
N/A % NEW + _____ % RENOVATIVE = 100%
_____ % RESIDENTIAL + _____ % COMMERCIAL = 100%

ENTERPRISE NAME _____

SECTION 8 - ESTABLISHMENT SALES INFORMATION

1. YES NO IS THIS ESTABLISHMENT SELLING TAXABLE PRODUCTS OR OFFERING TAXABLE SERVICES TO CONSUMERS FROM A LOCATION IN PENNSYLVANIA? IF YES, COMPLETE SECTION 18.
2. YES NO IS THIS ESTABLISHMENT SELLING CIGARETTES IN PENNSYLVANIA? IF YES, COMPLETE SECTIONS 18 AND 19.
3. LIST EACH COUNTY IN PENNSYLVANIA WHERE THIS ESTABLISHMENT IS CONDUCTING TAXABLE SALES ACTIVITY(IES).
- COUNTY _____ COUNTY _____ COUNTY _____
 COUNTY ENTIRE STATE OF PENNSYLVANIA COUNTY _____ COUNTY _____

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

SECTION 9 - ESTABLISHMENT EMPLOYMENT INFORMATION

PART 1

1. YES NO DOES THIS ESTABLISHMENT EMPLOY INDIVIDUALS WHO WORK IN PENNSYLVANIA? IF YES, INDICATE:
- a. DATE WAGES FIRST PAID (MM/DD/YYYY) _____
- b. DATE WAGES RESUMED FOLLOWING A BREAK IN EMPLOYMENT _____
- c. TOTAL NUMBER OF EMPLOYEES _____
- d. NUMBER OF EMPLOYEES PRIMARILY WORKING IN NEW BUILDING OR INFRASTRUCTURE _____
- e. NUMBER OF EMPLOYEES PRIMARILY WORKING IN REMODELING CONSTRUCTION _____
- f. ESTIMATED GROSS WAGES PER QUARTER _____ \$ _____ .00
- g. NAME OF WORKERS' COMPENSATION INSURANCE COMPANY _____
1. POLICY NUMBER _____ EFFECTIVE START DATE _____ END DATE _____
2. AGENCY NAME _____ DAYTIME TELEPHONE NUMBER () _____
- MAILING ADDRESS _____ CITY/TOWN _____ STATE _____ ZIP CODE + 4 _____
3. IF THIS ENTERPRISE DOES NOT HAVE WORKERS' COMPENSATION INSURANCE, CHECK ONE:
- a. THIS ESTABLISHMENT EMPLOYS ONLY EXCLUDED WORKERS _____
- b. THIS ESTABLISHMENT HAS ZERO EMPLOYEES _____
- c. THIS ESTABLISHMENT RECEIVED APPROVAL TO SELF-INSURE BY THE PA BUREAU OF WORKERS' COMPENSATION _____
- IF ITEM 3c. IS CHECKED, PROVIDE PA WORKERS' COMPENSATION BUREAU CODE _____
2. YES NO DOES THIS ESTABLISHMENT EMPLOY PA RESIDENTS WHO WORK OUTSIDE OF PENNSYLVANIA? IF YES, INDICATE:
- a. DATE WAGES FIRST PAID (MM/DD/YYYY) _____
- b. DATE WAGES RESUMED FOLLOWING A BREAK IN EMPLOYMENT _____
- c. ESTIMATED GROSS WAGES PER QUARTER _____ \$ _____ .00
3. YES NO DOES THIS ESTABLISHMENT PAY REMUNERATION FOR SERVICES TO PERSONS YOU DO NOT CONSIDER EMPLOYEES? IF YES, EXPLAIN THE SERVICES PERFORMED _____

PART 2

1. YES NO IS THIS REGISTRATION A RESULT OF A TAXABLE DISTRIBUTION FROM A BENEFIT TRUST, DEFERRED PAYMENT, OR RETIREMENT PLAN FOR PA RESIDENTS? IF YES, INDICATE:
- a. DATE BENEFITS FIRST PAID (MM/DD/YYYY) _____
- b. ESTIMATED BENEFITS PAID PER QUARTER _____ \$ _____ .00

SECTION 10 - BULK SALE/TRANSFER INFORMATION

IF ASSETS WERE ACQUIRED IN BULK FROM MORE THAN ONE ENTERPRISE, PHOTOCOPY THIS SECTION AND PROVIDE THE FOLLOWING INFORMATION ABOUT EACH SELLER/TRANSFEROR.

1. YES NO DID THE ENTERPRISE ACQUIRE 51% OR MORE OF ANY CLASS OF THE PA ASSETS OF ANOTHER ENTERPRISE? SEE THE CLASS OF ASSETS LISTED BELOW.
2. YES NO DID THE ENTERPRISE ACQUIRE 51% OR MORE OF THE TOTAL ASSETS OF ANOTHER ENTERPRISE?

IF THE ANSWER TO EITHER QUESTION IS YES, PROVIDE THE FOLLOWING INFORMATION ABOUT THE SELLER/TRANSFEROR.

3. SELLER/TRANSFEROR NAME _____ 4. FEDERAL EIN _____

5. SELLER/TRANSFEROR STREET ADDRESS _____ CITY/TOWN _____ STATE _____ ZIP CODE + 4 _____

6. DATE ASSETS ACQUIRED _____ 7. ASSETS ACQUIRED:

<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

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

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

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

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

SECTION 12 - REPORTING & PAYMENT METHODS

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

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

2. YES NO IF THIS ENTERPRISE IS A NON-PROFIT ORGANIZATION THAT IS EXEMPT UNDER IRS 501(c)(3), OR POLITICAL SUB-DIVISIONS, IS IT INTERESTED IN RECEIVING INFORMATION ABOUT THE DEPARTMENT OF LABOR & INDUSTRY'S OPTION OF FINANCING UC COSTS UNDER THE REIMBURSEMENT METHOD IN LIEU OF THE CONTRIBUTORY METHOD? FOR MORE DETAILS, REFER TO SECTION 12 INSTRUCTIONS.

3. THE DEPARTMENT OF LABOR & INDUSTRY REQUIRES THAT ANY ENTERPRISE WITH 250 OR MORE WAGE ENTRIES PER QUARTERLY REPORT, FILE THE WAGE INFORMATION VIA MAGNETIC MEDIA. AN ENTERPRISE, REGARDLESS OF SIZE, MAY APPLY TO FILE THEIR WAGE INFORMATION VIA MAGNETIC MEDIA.

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

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

SECTION 13 - GOVERNMENT STRUCTURE

1. IS THE ENTERPRISE A:

- GOVERNMENT BODY
- GOVERNMENT OWNED ENTERPRISE
- GOVERNMENT & PRIVATE SECTOR OWNED ENTERPRISE

2. IS THE GOVERNMENT:

- DOMESTIC/USA
- FOREIGN/NON-USA
- MULTI-NATIONAL

3. IF DOMESTIC, IS THE GOVERNMENT:

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

ENTERPRISE NAME

SECTION 14 - PREDECESSOR/SUCCESSOR INFORMATION

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

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

1. PREDECESSOR LEGAL NAME 2. PREDECESSOR PA UC ACCOUNT NUMBER
3. PREDECESSOR TRADE NAME 4. PREDECESSOR FEDERAL EIN
5. PREDECESSOR STREET ADDRESS CITY/TOWN STATE ZIP CODE + 4
6. SPECIFY HOW THE BUSINESS OPERATION WAS ACQUIRED: [] ACQUISITION OF EXISTING OPERATION [] CHANGE IN LEGAL STRUCTURE
[] CONSOLIDATION [] GIFT [] MERGER [] IRC SEC. 338 ELECTION [] OTHER (SPECIFY)
7. [] ACQUISITION DATE
8. PERCENTAGE OF THE PREDECESSOR'S TOTAL BUSINESS OPERATION (PA AND NON-PA) ACQUIRED %
9. PERCENTAGE OF THE PREDECESSOR'S PA BUSINESS OPERATION ACQUIRED %
IF LESS THAN 100%, PROVIDE THE NAME(S) AND ADDRESS(ES) OF THE ESTABLISHMENT(S) THAT CONDUCTED OPERATIONS IN PA OR EMPLOYED PA RESIDENTS. ATTACH ADDITIONAL 8 1/2 X 11 SHEETS IF NECESSARY.
NAME OF ESTABLISHMENT(S) ADDRESS(ES)

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

11. ASSETS ACQUIRED: [] ACCOUNTS RECEIVABLE [] FURNITURE AND FIXTURES [] MACHINERY AND EQUIPMENT [] OTHER (SPECIFY)
[] CLIENTS/CUSTOMERS [] INVENTORIES [] NAME AND/OR GOODWILL
[] CONTRACTS [] LEASES [] REAL ESTATE
12. [] YES [] NO HAS THE PREDECESSOR CEASED PAYING WAGES IN PA? IF YES, ENTER THE DATE PA WAGES CEASED, IF KNOWN.
13. [] YES [] NO HAS THE PREDECESSOR CEASED OPERATIONS IN PA? IF YES, ENTER THE DATE PA OPERATIONS CEASED, IF KNOWN. IF NO, DESCRIBE THE PREDECESSOR'S PRESENT PA BUSINESS ACTIVITY, IF KNOWN.
14. AT THE TIME OF TRANSFER FROM THE PREDECESSOR ENTERPRISE TO THE REGISTERING ENTERPRISE:
a. [] YES [] NO WERE ANY OF THE OWNERS, SHAREHOLDERS (5% OR GREATER), PARTNERS, OFFICERS, OR DIRECTORS OF THE PREDECESSOR OR OF ANY AFFILIATE, SUBSIDIARY OR PARENT CORPORATION OF THE PREDECESSOR ALSO OWNERS, SHAREHOLDERS (5% OR GREATER), PARTNERS, OFFICERS, OR DIRECTORS OF THE REGISTERING ENTERPRISE OR OF ANY AFFILIATE, SUBSIDIARY OR PARENT CORPORATION OF THE REGISTERING ENTERPRISE?
b. [] YES [] NO WAS THE PREDECESSOR, OR ANY AFFILIATE, SUBSIDIARY OR PARENT CORPORATION OF THE PREDECESSOR, AN OWNER, SHAREHOLDER (5% OR GREATER), OR PARTNER IN THE REGISTERING ENTERPRISE?
c. [] YES [] NO WAS THE REGISTERING ENTERPRISE, OR ANY AFFILIATE, SUBSIDIARY OR PARENT CORPORATION OF THE REGISTERING ENTERPRISE, AN OWNER, SHAREHOLDER (5% OR GREATER), OR PARTNER IN THE PREDECESSOR?

IF THE ANSWER TO ANY OF THE QUESTIONS IN 14 IS YES, PROVIDE THE FOLLOWING INFORMATION. ATTACH ADDITIONAL 8 1/2 X 11 SHEETS IF NECESSARY.
• IDENTIFY THOSE PERSONS AND ENTITIES BY THEIR FULL NAME;
• DESCRIBE THEIR RELATIONSHIP TO THE PREDECESSOR AND ANY AFFILIATE, SUBSIDIARY AND PARENT CORPORATION OF THE PREDECESSOR; AND
• DESCRIBE THEIR RELATIONSHIP TO THE REGISTERING ENTERPRISE AND ANY AFFILIATE, SUBSIDIARY AND PARENT CORPORATION OF THE REGISTERING ENTERPRISE.

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

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

ENTERPRISE NAME

SECTION 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. 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 PA UC LAW.
DATE:

2. CHECKMARK THE CALENDAR QUARTERS IN THE YEAR OF TRANSFER AND IN THE PRECEDING FIVE CALENDAR YEARS IN WHICH PA UC 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 _____ OF TRANSFER							
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	1	2	3	4

3. CHECKMARK THE CALENDAR QUARTERS IN THE YEAR OF TRANSFER AND IN THE PRECEDING FIVE CALENDAR YEARS IN WHICH PA UC 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 _____ OF TRANSFER							
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

4a. PREDECESSOR'S PA UC 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).

4b. 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 \$ _____

5. PREDECESSOR'S ENTIRE PA UC TAXABLE PAYROLL FOR SAME PERIOD INDICATED IN ITEMS 4a OR 4b.

6. PREDECESSOR'S ENTIRE PA UC 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

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

PART 1 ESTABLISHMENT INFORMATION

1. ESTABLISHMENT NAME (doing business as) 2. DATE OF FIRST OPERATIONS 3. TELEPHONE NUMBER ()

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

5. SCHOOL DISTRICT 6. MUNICIPALITY

PART 2 ESTABLISHMENT BUSINESS ACTIVITY INFORMATION

REFER TO THE INSTRUCTIONS TO COMPLETE THIS SECTION. COMPLETE SECTION 17 FOR MULTIPLE ESTABLISHMENTS.

1. ENTER THE PERCENTAGE THAT EACH PA BUSINESS ACTIVITY REPRESENTS OF THE TOTAL RECEIPTS OR REVENUES AT THIS ESTABLISHMENT. LIST ALL PRODUCTS OR SERVICES ASSOCIATED WITH EACH BUSINESS ACTIVITY. ENTER THE PERCENTAGE THAT THE PRODUCTS OR SERVICES REPRESENT OF THE TOTAL RECEIPTS OR REVENUES AT THIS ESTABLISHMENT.

PA BUSINESS ACTIVITY	%	PRODUCTS OR SERVICES	%	ADDITIONAL PRODUCTS OR SERVICES	%
Accommodation & Food Services					
Agriculture, Forestry, Fishing, & Hunting					
Art, Entertainment, & Recreation Services					
Communications/Information					
Construction (must complete question 3)					
Domestics (Private Households)					
Educational Services					
Finance					
Health Care Services					
Insurance					
Management of Companies & Enterprises					
Manufacturing					
Mining, Quarrying, & Oil/Gas Extraction					
Other Services					
Professional, Scientific, & Technical Services					
Public Administration					
Real Estate					
Retail Trade					
Sanitary Service					
Social Assistance Services					
Transportation					
Utilities					
Warehousing					
Wholesale Trade					
TOTAL	100%				

N/A

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

_____ %

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

_____ % NEW + _____ % RENOVATIVE = 100%

_____ % RESIDENTIAL + _____ % COMMERCIAL = 100%

ENTERPRISE NAME

PART 3 ESTABLISHMENT SALES INFORMATION

- 1. YES NO IS THIS ESTABLISHMENT SELLING TAXABLE PRODUCTS OR OFFERING TAXABLE SERVICES TO CONSUMERS FROM A LOCATION IN PENNSYLVANIA? IF YES, COMPLETE SECTION 18.
- 2. YES NO IS THIS ESTABLISHMENT SELLING CIGARETTES IN PENNSYLVANIA? IF YES, COMPLETE SECTIONS 18 AND 19.
- 3. LIST EACH COUNTY IN PENNSYLVANIA WHERE THIS ESTABLISHMENT IS CONDUCTING TAXABLE SALES ACTIVITY(IES).
 COUNTY _____ COUNTY _____ COUNTY _____
 COUNTY _____ COUNTY _____ COUNTY _____

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

PART 4a ESTABLISHMENT EMPLOYMENT INFORMATION

- 1. YES NO DOES THIS ESTABLISHMENT EMPLOY INDIVIDUALS WHO WORK IN PENNSYLVANIA? IF YES, INDICATE:
 a. DATE WAGES FIRST PAID (MM/DD/YYYY)
 b. DATE WAGES RESUMED FOLLOWING A BREAK IN EMPLOYMENT
 c. TOTAL NUMBER OF EMPLOYEES
 d. NUMBER OF EMPLOYEES PRIMARILY WORKING IN NEW BUILDING OR INFRASTRUCTURE
 e. NUMBER OF EMPLOYEES PRIMARILY WORKING IN REMODELING CONSTRUCTION
 f. ESTIMATED GROSS WAGES PER QUARTER\$00
- 2. YES NO DOES THIS ESTABLISHMENT EMPLOY PA RESIDENTS WHO WORK OUTSIDE OF PENNSYLVANIA? IF YES, INDICATE:
 a. DATE WAGES FIRST PAID (MM/DD/YYYY)
 b. DATE WAGES RESUMED FOLLOWING A BREAK IN EMPLOYMENT
 c. ESTIMATED GROSS WAGES PER QUARTER\$00
- 3. YES NO DOES THIS ESTABLISHMENT PAY REMUNERATION FOR SERVICES TO PERSONS YOU DO NOT CONSIDER EMPLOYEES? IF YES, EXPLAIN THE SERVICES PERFORMED

N/A

PART 4b

- 1. YES NO IS THIS REGISTRATION A RESULT OF A TAXABLE DISTRIBUTION FROM A BENEFIT TRUST, DEFERRED PAYMENT OR RETIREMENT PLAN FOR PA RESIDENTS? IF YES, INDICATE:
 a. DATE BENEFITS FIRST PAID (MM/DD/YYYY)
 b. ESTIMATED BENEFITS PAID PER QUARTER\$00

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

PROVIDE THE FOLLOWING FOR ALL INDIVIDUAL AND/OR ENTERPRISE OWNERS, PARTNERS, SHAREHOLDERS, OFFICERS, AND RESPONSIBLE PARTIES. IF STOCK IS PUBLICLY TRADED, PROVIDE THE FOLLOWING FOR ANY SHAREHOLDER WITH AN EQUITY POSITION OF 5% OR MORE. PHOTOCOPY IF ADDITIONAL SPACE IS NEEDED.

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

* DATE OF BIRTH REQUIRED ONLY IF APPLYING FOR A CIGARETTE WHOLESALE DEALER'S LICENSE, A SMALL GAMES OF CHANCE DISTRIBUTOR LICENSE, OR A SMALL GAMES OF CHANCE MANUFACTURER CERTIFICATE.

ENTERPRISE NAME

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

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

ENTERPRISES APPLYING FOR A SALES, USE AND HOTEL OCCUPANCY TAX LICENSE, PUBLIC TRANSPORTATION ASSISTANCE TAX LICENSE, VEHICLE RENTAL TAX, AND/OR WHOLESALER CERTIFICATE. COMPLETE PART 1. SALES TAX COLLECTED MUST BE SEGREGATED FROM OTHER FUNDS AND MUST REMAIN IN THE COMMONWEALTH OF PENNSYLVANIA UNTIL REMITTED TO THE DEPARTMENT OF REVENUE.

IF THE ENTERPRISE IS:

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

PART 2 TRANSIENT VENDOR CERTIFICATE

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

PROVIDE THE FOLLOWING INFORMATION FOR EACH SHOW:

1. PROMOTER NUMBER	2. SHOW NAME	3. COUNTY
4. SHOW ADDRESS (STREET, CITY, STATE, ZIP)	<u>N/A</u>	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)	<u>N/A</u>	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.