

**Business Activities Questionnaire****A. GENERAL INFORMATION (Please print or type):**

1a. Legal Name:

1b. Doing Business As:

2. Address (Include City, State, and Zip Code)

3. Type of Business Entity: ___ Corporation ('C' or 'S') ___ Partnership ___ LLC (See question 4)
 ___ Other (Please state type of entity) _____

4. Indicate how LLC files for Federal Tax Purposes (if applicable):

5. State and Date of Incorporation:

6. FEIN:

7. Has company ever filed returns with the SC Department of Revenue? (If yes answer question 7a) ___ YES ___ NO

a. If yes indicate type of tax and years/periods filed: _____

8. Is company included in a consolidated South Carolina tax return? (If yes answer question 10) ___ YES ___ NO

9. Is company a disregarded LLC? (If yes answer question 10) ___ YES ___ NO

10. Indicate parent company/owner and FEIN: _____

11. Describe the nature of the business in detail, including products and/or services offered: _____

B. FINANCIAL INFORMATION:

	Year	South Carolina	Everywhere
1. Gross receipts from South Carolina & Total Everywhere (last three years)	20 _____	\$ _____	\$ _____
	20 _____	\$ _____	\$ _____
	20 _____	\$ _____	\$ _____

2. List names and addresses of your three largest customers in South Carolina (if applicable)

a. _____

b. _____

c. _____



C. SOUTH CAROLINA BUSINESS ACTIVITIES:

Provide response based on the entity's activities. For "yes" answers, an explanation or documentation may be attached. Unless otherwise indicated, all answers correspond with the three previous tax years.

- 1. Did or does the company have an office, agency, warehouse, or other place of business in SC? ___ YES ___ NO
- 2. Did or does the company own or lease property in SC? ___ YES ___ NO
- 3. Did or does the company store goods or other property, in a public or private warehouse or other type facility in SC? ___ YES ___ NO
- 4. Did or does the company have employees, agents, or independent contractors soliciting sales in SC? (Disregard domicile of employee) ___ YES ___ NO
- 5. Did or does the company deliver its products to customers in SC in company owned vehicles? ___ YES ___ NO
- 6. Did or does the company backhaul product(s) from customers in SC? ___ YES ___ NO
- 7. Did or does the company bring material or property into SC for use or consumption in the performance of a service or to fulfill a construction contract? ___ YES ___ NO
- 8. Is the company a remote seller (a retailer with no physical presence in SC) whose gross revenue from sales of tangible personal property, products transferred electronically, and services delivered into SC exceeds \$100,000 in the previous calendar year or the current calendar year? ___ YES ___ NO

9. Indicate which of these activities that the company employee(s), representative(s) or independent contractor(s) perform(ed) in SC: (For independent contractors - describe activities, provide name and address of the parties. Also provide copies of agreement with the parties.)

- | | |
|---|---|
| (a) <input type="checkbox"/> Sell products in their possession | (b) <input type="checkbox"/> Perform services |
| (c) <input type="checkbox"/> Conduct research or testing | (d) <input type="checkbox"/> Install company product |
| (e) <input type="checkbox"/> Offer technical assistance | (f) <input type="checkbox"/> Investigate customer credit |
| (g) <input type="checkbox"/> Approved/ accept customer orders | (h) <input type="checkbox"/> Provide training to customers prior to or after a sale |
| (i) <input type="checkbox"/> Receive payment from customers | (j) <input type="checkbox"/> Arrange/conduct seminar(s) or lectures |
| (k) <input type="checkbox"/> Perform repairs on company products | (l) <input type="checkbox"/> Perform any engineering or design function(s) |
| (m) <input type="checkbox"/> Authorize credits for unsold products | (n) <input type="checkbox"/> Perform inspections of outdated/damaged products |
| (o) <input type="checkbox"/> Replace products from goods on hand | (p) <input type="checkbox"/> Resolve complaints at customer location |
| (q) <input type="checkbox"/> Remove unsold products from store shelf | (r) <input type="checkbox"/> Verify destruction of customer products |
| (s) <input type="checkbox"/> Distribute product samples to physicians, retailers, or other entities for no charge | |

- 10. Does the company have an affiliate doing business in South Carolina?
If so explain the relationship and activities of affiliate as related to company. ___ YES ___ NO
- 11. Did or does your company license intangibles, such as patents, trademarks, service marks, or trade names to an entity that uses them in South Carolina? ___ YES ___ NO
- 12. Did or does the company receive royalties for licensed intangibles from the entity who uses them in South Carolina? ___ YES ___ NO

When signing this form, it is important that the information contained be correct and complete. To willfully furnish a false or fraudulent statement to the Department is a crime.

Printed Name of Officer

Title

Signature

Telephone

Email Address

Date

Mail Completed Form To: South Carolina Department of Revenue
Nexus/Discovery Section
PO Box 125
Columbia, SC 29214-0970

Contact Information can be found on our website at dor.sc.gov/about/nexus.