



State of South Carolina
Department of Revenue
BUSINESS ACTIVITIES QUESTIONNAIRE

A. GENERAL INFORMATION (Please print or type): «Case»

1a. Legal Name: _____	1b. Doing Business As: _____
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2. Address: (Include City, State, and Zip Code) _____

3. Type of Business Entity: ___ Corporation ('C' or 'S') ___ Partnership ___ LLC (Please 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. Federal EIN: _____
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7. Has the 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 FEI #: _____

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	20 _____	\$ _____	\$ _____
Everywhere	20 _____	\$ _____	\$ _____
(last three years)	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. 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 these parties.)

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| (m) ___ Authorize credits for unsold products | (n) ___ Perform inspections of outdated/damaged products |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

- 9. Does the company have an affiliate doing business in South Carolina? If so explain relationship and activities of affiliate as related to company? ___ YES ___ NO
- 10. 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
- 11. 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

CONTACT INFORMATION:	SUE STRICKLAND 803-898-5235 (p) 803-896-0066 (f) Sue.Strickland@dor.sc.gov	MARY GIERSZEWSKI 803-898-5695 (p) 803-896-0066 (f) Mary.Gierszewski@dor.sc.gov
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