Business Activities Questionnaire

SUBMIT YOUR NEXUS BUSINESS ACTIVITIES QUESTIONNAIRE ON MyDORWAY!

- It's faster and easier than completing a paper questionnaire. Visit dor.sc.gov/nexus-questionnaire to get started.
- Receive immediate confirmation when your questionnaire is received.
- Receive your notifications and letters faster through MyDORWAY.
- Review the Nexus help page dor.sc.gov/about/nexus



Manage your tax accounts online for FREE!

My DCRWAY Fast. Easy. Secure.

One-stop shop!

Manage your SCDOR accounts all in one place

- Review your payment history
- Immediate access to correspondence
- Easily update your account information
 - + more!

Why MyDORWAY?

- Access your account 24/7
- Make ACH debit or credit card payments,
 with no convenience fees
- Receive immediate confirmation for transactions
- Reduce errors with automatic calculations
- Control who has access to your SCDOR accounts
- Always know you're using the most up-to-date forms

Once the SCDOR determines you have Nexus, sign up for MyDORWAY! Visit MyDORWAY.dor.sc.gov to get started.

You'll need your FEIN or SSN, License Number, and a Letter ID or copy of your last return.

Tutorials are available at dor.sc.gov/MyDORWAY



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STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE Business Activities Questionnaire

NX-100 (Rev. 8/9/23) 6342

dor.sc.gov

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 applic	able):			
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:				
Yea	r South Carolina Everywhere			
1. Gross receipts from 20 South Carolina &	\$ \$			
1	\$\$ \$ \$\$			
2. List names and addresses of your three largest customer				
, ,	, ,,			
a				
b				
C				



C. SOUTH CAROLINA BUSINESS ACTIVITIES:			
Provide response based on the entity's activities. For "yes" answer Unless otherwise indicated, all answers correspond with the three	ers, an explanation or documentation previous tax years.	n may be	attached.
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 pure or other type facility in SC?		_ YES	NO
4. Did or does the company have employees, agents, or indepensaliciting sales in SC? (Disregard domicile of employee)	dent contractors —	_ YES	NO
5. Did or does the company deliver its products to customers in S	C 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 in the performance of a service or to fulfill a construction contra		_ YES	NO
8. Is the company a remote seller (a retailer with no physical pres from sales of tangible personal property, products transferred edelivered into SC exceeds \$100,000 in the previous calendar y	electronically, and services	YES	NO
 Indicate which of these activities that the company employee(s), repr (For independent contractors - describe activities, provide name and addres 			
(a) Sell products in their possession (b) (c) Conduct research or testing (e) Offer technical assistance (g) Approved/ accept customer orders (i) Receive payment from customers (j) (k) Perform repairs on company products (m) Authorize credits for unsold products (n) Replace products from goods on hand (q) Remove unsold products from store shelf (s) Distribute product samples to physicians, retailers, or other	Provide training to customers prid Arrange/conduct seminar(s) or led Perform any engineering or desig Perform inspections of outdated/d Resolve complaints at customer I Verify destruction of customer pro	ctures n function lamaged p ocation	n(s)
10. Does the company have an affiliate doing business in South 0 If so explain the relationship and activities of affiliate as related		_ YES	NO
11. Did or does your company license intangibles, such as patent or trade names to an entity that uses them in South Carolina?		_ YES	NO
12. Did or does the company receive royalties for licensed intang who uses them in South Carolina?	ibles from the entity —	_ YES	NO
When signing this form, it is important that the information contain or fraudulent statement to the Department is a crime.	ned be correct and complete. To will	fully furnis	sh a false
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.