

**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.