



# Arizona Department of Revenue

## Nexus Unit Questionnaire Regarding Activities in Arizona



Complete the Information Requested Below and Email this Questionnaire to the Auditor Listed on the Cover Letter. We are conducting a survey to determine the extent of your company's business activity within the State of Arizona. Please check and fill in your responses as indicated. Use additional pages if necessary. For the purpose of this questionnaire, "Company" refers to the business entity receiving this form.

<b>A. Company Identification</b>			
Legal Business Name		Common name (dba)	
Headquarters Office Address		Office Telephone Number	
City	State	ZIP Code	
Website		Contact Person	Corporate Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Person Telephone Number	Extension	Email	
What Type of Entity is the Company? (e.g. corporation, LLC)		Month and Year Company Began Initial Activity in Arizona M, M   Y, Y	

<b>B. Company Filing Status</b>			
Federal Employer Identification Number		What is the Company's Fiscal Year End?	
What Federal Income Tax Returns Have Been Filed?			
Indicate the Tax Returns the Company has Filed with the State of Arizona			
Tax Return Type	Year Filed	Company Name	License/Tax Number

If you are currently filing **BOTH** Corporate Income Tax Returns and Transaction Privilege/Use Tax Returns to the State of Arizona, you may **STOP** **HERE**. Please sign and date page 2.

<b>C. Company Activities</b>	
Principal Business Type (e.g. retailer, wholesale, manufacturer):	
Business Type	Product or Service
Provide a specific description of <u>all</u> business activities within Arizona	
Has Company ever participated in trade shows, seminars or lectures in Arizona? If yes, please indicate dates attended and describe all activities performed, including if sales activities were performed.	
Are all sales for resale? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>D. Company Affiliations</b>				
Is Company a parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is Company a subsidiary? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please give name and FEIN of parent		
Provide the following information for all affiliates/subsidiaries. (Attach additional sheet if needed)				
Legal/DBA Name	Address	Relationship	FEIN	Business Code

**E. Company Gross Revenue**

Please provide the following information for the last 4 years for Sales or Services to AZ Customers

Year	Gross Revenue	Year	Gross Revenue

**F. Employee and Other Activities in Arizona**

1. Has the Company had employees or representatives on the Company's payroll, that occasionally or temporarily perform work in Arizona?

No  Yes If yes, list the dates the activities were performed:

**If yes to question 1, while in Arizona, do any employees or representatives perform any of the following:**

	Yes	No
2. Sell products?	<input type="checkbox"/>	<input type="checkbox"/>
3. Sell service?	<input type="checkbox"/>	<input type="checkbox"/>
4. Supervise or manage activities of employees/representatives?	<input type="checkbox"/>	<input type="checkbox"/>
5. Perform, install, or oversee installation of Company products?	<input type="checkbox"/>	<input type="checkbox"/>
6. Retain the right to inspect/approve installation of Company products?	<input type="checkbox"/>	<input type="checkbox"/>
7. Engage in any repair work?	<input type="checkbox"/>	<input type="checkbox"/>
8. Engage in collection activity of any kind?	<input type="checkbox"/>	<input type="checkbox"/>
9. Inspect products or offer technical assistance after sale/installation?	<input type="checkbox"/>	<input type="checkbox"/>
10. Conduct lectures or offer training?	<input type="checkbox"/>	<input type="checkbox"/>
11. Check inventories of customers, distributors, or their customers?	<input type="checkbox"/>	<input type="checkbox"/>
12. Replace damaged, outdated or returned inventories for customers?	<input type="checkbox"/>	<input type="checkbox"/>
13. Use their Arizona homes as offices?	<input type="checkbox"/>	<input type="checkbox"/>
14. Secure deposits on sale?	<input type="checkbox"/>	<input type="checkbox"/>
15. Personally move/deliver company products between points in Arizona?	<input type="checkbox"/>	<input type="checkbox"/>
16. Sign contracts that bind the company?	<input type="checkbox"/>	<input type="checkbox"/>

**While in Arizona:**

17. Has the Company ever signed/executed any contracts?	<input type="checkbox"/>	<input type="checkbox"/>
18. Does the Company do any local advertising?	<input type="checkbox"/>	<input type="checkbox"/>
19. Are company owned/leased vehicles used to deliver your product?	<input type="checkbox"/>	<input type="checkbox"/>

**G. Property Activity in Arizona**

1. Does the Company previously or currently own or rent any real, personal, or intangible property?	<input type="checkbox"/>	<input type="checkbox"/>
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**Does Company currently or has it previously:**

2. Had merchandise in Arizona on consignment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Maintained a stock of goods or materials in Arizona?	<input type="checkbox"/>	<input type="checkbox"/>
4. Held title to any property or placed a lien on any property in Arizona?	<input type="checkbox"/>	<input type="checkbox"/>
5. Engaged in any franchise operations in Arizona?	<input type="checkbox"/>	<input type="checkbox"/>

**The Department reserves the right to request additional information**

I declare that the information furnished in this questionnaire is true, correct, and complete

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SIGNATURE OF CORPORATE OFFICER, PARTNER, OR OWNER      DATE

\_\_\_\_\_  
PRINT NAME      TITLE