



Arizona Department of Revenue

Nexus Unit
1600 W Monroe, Phoenix AZ 85007

Questionnaire Regarding Activities in Arizona

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.

A. Company Identification

1. Legal business name: _____
Common name (dba): _____

2. Headquarter office address (number and street): _____
City, town or post office _____ State _____ Zip Code _____
Telephone number: (____) _____ Website: _____
Contact Person: _____ Corporate Officer: Yes _____ No _____
Telephone number: (____) _____ Ext _____ Email address _____

3. What type of entity is the Company (e.g. sole proprietorship, partnership, LLC, corporation): _____

4. Is the Company registered as a corporation with Arizona Corporation Commission? Yes _____ No _____

5. State of Incorporation: _____ Date incorporated _____

6. Month and year Company began initial activity in Arizona: _____ / _____

B. Company Filing Status

1. Federal Employer Identification Number: _____

2. What is the Company's fiscal year end? _____ 3. Has the Company elected to be taxed as an S-corp.? Yes ___ No ___

4. Indicate the tax returns the Company has filed with the State of Arizona:

| <u>Tax Return Type</u> | <u>Year Filed</u> | <u>Company Name</u> | <u>License/Tax Number</u> |
|---------------------------------|-------------------|---------------------|---------------------------|
| Corporate | _____ | _____ | _____ |
| Transaction Privilege/Use | _____ | _____ | _____ |
| Withholding | _____ | _____ | _____ |
| Partnership/Sole Proprietorship | _____ | _____ | _____ |

If you currently filing **BOTH** Corporate Income Tax Returns **AND** Transaction Privilege/Use Tax Returns to the State of Arizona, you may **STOP HERE**.

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

Signature of Corporate Officer, Partner or Owner Date

Print Name and Title: _____

If more space is needed for answers, please use a separate sheet of paper.

C. Company Activities

1. Principle business types (please check all that apply and describe product(s) or service(s):

| | |
|----------------------|---------------------------|
| <u>Business Type</u> | <u>Product or Service</u> |
| _____ Retailer | _____ |
| _____ Wholesaler | _____ |
| _____ Distributor | _____ |
| _____ Lessor | _____ |
| _____ Manufacturer | _____ |
| _____ Other | _____ |

2. Provide a specific description of all business activities within Arizona: _____

3. Has the Company ever participated in trade shows, seminars or lectures in Arizona? If yes, please indicate date(s) attended and describe all activities performed: _____

4. Any sales activities performed at these shows? If yes, please indicate date(s); description of services and dollar amounts received: _____

5. Are all sales for resale? Yes _____ No _____

D. Company Affiliations

1. Is the Company a parent? Yes _____ No _____

2. Is the Company a subsidiary? Yes _____ No _____

If yes, please give name of name and EIN of ultimate U.S. parent: _____

3. Provide the following information for all affiliations/subsidiaries. (Attach a supporting document if necessary.)

| <u>Legal/dba Name</u> | <u>Address</u> | <u>*Relation</u> | <u>EIN</u> | <u>Business Code</u> |
|-----------------------|----------------|------------------|------------|----------------------|
| A. _____ | _____ | _____ | _____ | _____ |
| B. _____ | _____ | _____ | _____ | _____ |
| C. _____ | _____ | _____ | _____ | _____ |

E. Company Gross Revenue

Please provide the following information for the last 4 years.

| <u>Year</u> | <u>Gross Revenue From Sales or Services to Arizona Customers</u> | <u>Year</u> | <u>Gross Revenue From Sales or Services to Arizona Customers</u> |
|-------------|--|-------------|--|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Have sales to Arizona customers been included in the sales factor of any other state? Yes _____ No _____

If yes, please list state(s) _____

Employee and Other Activity in Arizona

1. Has the Company had employees on the Company's payroll that normally perform services in a state other than Arizona, but occasionally or temporarily perform work in Arizona? **Yes** **No**

2. Has the Company had any representatives within Arizona at any point in time? **Yes** **No**
 (full time, part time, traveling, resident, nonresident, etc.) Check all that apply:

- | | | Date activities performed: |
|---|--------------------------|---------------------------------|
| a. Commissioned Agents..... | <input type="checkbox"/> | from ___/___/___ to ___/___/___ |
| b. Independent sales representatives..... | <input type="checkbox"/> | from ___/___/___ to ___/___/___ |
| c. Contractors..... | <input type="checkbox"/> | from ___/___/___ to ___/___/___ |
| d. Sub-Contractors..... | <input type="checkbox"/> | from ___/___/___ to ___/___/___ |
| e. Manufacturer's representatives..... | <input type="checkbox"/> | from ___/___/___ to ___/___/___ |
| f. Missionary agents / Traveling sales representatives..... | <input type="checkbox"/> | from ___/___/___ to ___/___/___ |

If yes to either question above, please provide name, address, and relationship to Company and duties performed

While in Arizona, do any company employees or representatives, as listed above, perform any of the following?

- | | Yes | No |
|--|--------------------------|--------------------------|
| 3. Sell products?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Sell services?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Provide samples for display, dispense or replacement?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, average value of samples:.....\$ _____ | | |
| 6. Supervise or manage activities of employees and/or other company representatives?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Perform, install or oversee installation of company products?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Retain the right to inspect or approve the installation of Company products?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Engage in any repair work?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Engage in any collection activity of any kind?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Handle complaints of Arizona customers?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Inspect products or offer technical assistance about product's use after sale or installation?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Conduct lectures or offer training?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Investigate, recommend or appoint potential Arizona dealers, agents or distributors to Company?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Check inventories of customers, distributors, or their customers?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Replace obsolete, damaged, outdated or returned inventories for customers?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Use their Arizona homes as offices?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| a. As a business address?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. To meet with business customers?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. To store Inventory?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are employees reimbursed for telephone, fax or utility expenses?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Does the company directly pays any of the office expenses?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Does the Company list an Arizona telephone number?..... | <input type="checkbox"/> | <input type="checkbox"/> |

Yes No

- 19. Perform any engineering functions?.....
- 20. Solicit order for the sale of:
 - a. Tangible personal property?.....
 - b. Real Estate?.....
 - c. Intangibles? Please describe _____
 - d. Services? Please describe _____
 - If yes, are the services performed inside of Arizona?.....
- 21. Secure deposits on sales?.....
- 22. Personally deliver company products or move company products between points in Arizona?....
- 23. Sign contracts that bind the Company?.....

While in Arizona:

- 24. Has the Company ever signed or executed any contracts?.....
- 25. Does the Company do any local advertising?.....
- 26. Are Company owned or leased vehicles used in delivering your product?.....

Property Activity in Arizona:

A. Property that is owned, rented or leased (Note: leased includes "licensing"):

Does the Company currently own or rent or has the Company previously owned rented any of the following:

OWN LEASE/RENT NONE

- 1. **Real Property:**

Brief description of real property _____

- 2. **Personal Property:**

Brief description of personal property: _____

- 3. **Intangibles:**

Brief description of intangible property: _____

B. Does the Company currently or has it previously:

Yes No

- 1. Had merchandise in Arizona on consignment?.....
- 2. Conducted any banking activities in Arizona? *Please describe* _____
- 3. Maintained a stock of goods or materials in Arizona?.....
- 4. Held title to any property or placed a lien on any property located in Arizona until the contract price was paid in full?.....
- 5. Engaged in any franchise operations in Arizona? Please explain _____

The Department reserves the right to request additional information