

# Business Activity Questionnaire (Nexus)

Name of business		Federal ID#	
Home office mailing address		Telephone	Fax
		( )	( )
City	State	Zip code	
Type of business: (check one)	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> S corporation
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole proprietor	<input type="checkbox"/> Other
Local business address		Principal product or service	

## Section A – General information

- Is your business listed in a telephone directory covering the taxing jurisdiction?.....  Yes  No  
If so, enter the jurisdiction and the phone number \_\_\_\_\_
- Enter the date your business began marketing or shipping your products/services in the taxing jurisdiction. \_\_\_\_\_
- Enter the names and addresses of your three largest customers within the taxing jurisdiction.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section B – Specific information

- Has your business made retail sales of products or services within the taxing jurisdiction? .....  Yes  No  
If yes, what types of products or services have you sold? \_\_\_\_\_
- Does your business have a regional office serving the taxing jurisdiction? .....  Yes  No  
If yes, enter the office location and the area it serves \_\_\_\_\_
- Does your business have a distribution center located in the taxing jurisdiction? .....  Yes  No
- Does your business own or lease terminals or fuel facilities within the taxing jurisdiction? .....  Yes  No
- Has your business at any time had an office, agency, warehouse or other place of business within the taxing jurisdiction? .....  Yes  No  
If yes, enter the dates, location and nature of the activities.

6. Have products been sent to the taxing jurisdiction in returnable containers? .....  Yes  No  
 If yes,  
 a. Does your business retain ownership of the containers? .....  Yes  No  
 b. Does your business charge a deposit on the containers? .....  Yes  No

7. Check the activities performed using vehicles owned or leased by the business.
- Deliver merchandise to locations within the taxing jurisdiction. How often? \_\_\_\_\_
  - Pick up own merchandise for return to out-of-state locations. How often? \_\_\_\_\_
  - Pick up products owned by another business. How often? \_\_\_\_\_
  - Pick up merchandise from one location within the taxing jurisdiction for delivery to another location within the taxing jurisdiction. How often? \_\_\_\_\_
  - Have vehicle drivers or passengers make sales. How often? \_\_\_\_\_

8. Has your business at any time owned, leased or rented the following tangible or real property located and/or used within the taxing jurisdiction?

Advertising materials..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Office equipment..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Industrial equipment..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Office space..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Leased equipment..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Raw materials..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Manuals..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Software licenses..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Merchandise inventory..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Warehouse spaces..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Motor vehicles..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Other _____ <input type="checkbox"/> Yes <input type="checkbox"/> No

For items marked yes, enter the location, dates and description of the property.

9. Has your business ever done any advertising or promotional activities within the taxing jurisdiction? .....  Yes  No  
 If yes, describe the activities, the property used and the media employed. \_\_\_\_\_
10. Has your business leased or licensed real or tangible property to others within the taxing jurisdiction?.....  Yes  No  
 If yes, identify the property. \_\_\_\_\_
11. Has your business ever had consigned goods within the taxing jurisdiction? .....  Yes  No
12. Does your business ever execute contracts within the taxing jurisdiction? .....  Yes  No
13. Did your business retain a security interest in any property that was delivered within the taxing jurisdiction? .....  Yes  No  
 If yes, explain. \_\_\_\_\_
14. Did title to property located within the taxing jurisdiction remain with the business until the contract price was fully paid? .....  Yes  No

15. Has your business or an affiliated business provided financing services to customers within the taxing jurisdiction? .....  Yes  No
16. Has your business sold real estate, services or intangibles (including extended warranty, maintenance or service/repair agreements) to customers within the taxing jurisdiction? .....  Yes  No  
If yes, enter the date, location and description of the property/services \_\_\_\_\_
- a. Was on-site warranty service provided? .....  Yes  No
- b. To whom do you refer your customers located within the taxing jurisdiction for servicing? \_\_\_\_\_
17. Do employees within the taxing jurisdiction solicit orders for sales of services or real estate within the taxing jurisdiction? .....  Yes  No  
If yes, explain. \_\_\_\_\_
18. Does your business perform non-solicitation activities within the taxing jurisdiction? .....  Yes  No  
If yes, explain. \_\_\_\_\_
19. Does your business conduct lectures within the jurisdiction regarding its products or services? .....  Yes  No  
If yes, explain. \_\_\_\_\_
20. Does your business inspect products after installation? .....  Yes  No
21. Does your business offer technical assistance or training to purchasers or users of its products after the sale? .....  Yes  No  
If yes, explain. \_\_\_\_\_
22. Does your business have resident or nonresident employees, sales representatives or commissioned agents working within the taxing jurisdiction? .....  Yes  No  
If yes,
- a. Do you have standard job descriptions or written agreements with the employees, sales representatives or commissioned agents? If yes, enclose a copy. ....  Yes  No
- b. Do the employees reside within the taxing jurisdiction? .....  Yes  No
- c. Do you require the employees to:
- Maintain office space in their homes? .....  Yes  No
- List their in home office as a business address? .....  Yes  No
- Receive business callers there? .....  Yes  No
- Store inventory there? .....  Yes  No
23. Does your business reimburse office expenses? .....  Yes  No
24. Does your business have employees who install its products within the taxing jurisdiction or supervise the installation by others within the taxing jurisdiction? .....  Yes  No
25. Do you have anyone acting on the business's behalf that repairs its products within the taxing jurisdiction?  Yes  No
26. Do employees within the taxing jurisdiction investigate, recommend or appoint potential dealers, agents or distributors? .....  Yes  No

27. Does anyone acting on your business's behalf repossess products within the taxing jurisdiction? .....  Yes  No

**Section C – Other activities performed by employees, affiliates or others**

1. Check the activities that resident or nonresident employees perform within the taxing jurisdiction
- Maintain samples. Enter the value of the samples and explain what is done with them.
  - Make on-the-spot sales of any items.
  - Secure deposits on sales, merchandise or services within the taxing jurisdiction.
  - Convey information concerning out-of-stock or shipping delays.
  - Check inventories of customers or distributors within the taxing jurisdiction.
  - Remove obsolete, damaged or outdated inventories.
  - Pick up or verify destruction of damaged, returned or outdated merchandise within the taxing jurisdiction.
  - Carry complaint forms that are completed by the employee and forwarded to the proper location for processing. If checked, please provide a copy of the form.
  - Process customer complaints within the taxing jurisdiction.
  - Authorize credits, warranty adjustments or repairs.
  - Engage in any collection activity of any kind within the taxing jurisdiction.
  - Make credit investigations within the taxing jurisdiction.
2. Does any employee within the taxing jurisdiction supervise or manage other employees, independent contractors or affiliates who perform non-sales activities within the taxing jurisdiction? .....  Yes  No
- If yes, enter the job title and percentage of time devoted to managing non-sales activities. \_\_\_\_\_

**Section D – Independent contractors**

1. Does your business hire independent contractors, agents, dealers, affiliates or franchisees to perform any activity within the taxing jurisdiction? .....  Yes  No  
If yes, describe the activities, and provide the names and addresses of the parties. Also, provide copies of the agreements.
2. Do you require independent contractors, agents, affiliates or dealers to refrain from representing products other than yours? .....  Yes  No
3. Do you require independent contractors, agents, affiliates or dealers to perform any of the activities in this questionnaire for your business? .....  Yes  No

**Section E – Affiliated companies**

- 1. Does your business own more than 50 percent of another business? .....  Yes  No
- 2. Does another business own more than 50 percent of your business? .....  Yes  No  
If yes to either question, list the names, addresses and FEIN's of the businesses.

- 3. Check all activities that the affiliated companies perform.
  - Make mail order sales to customers within the taxing jurisdiction.
  - Have destination sales in or receipts from the taxing jurisdiction.
  - Solicit, distribute or service products within the taxing jurisdiction of other members of the affiliated group.
  - Perform services or provide facilities for affiliated companies within the taxing jurisdiction.

For those checked above, list the affiliated company, FEIN, activity, dates and locations.

I declare that the information in this report, including accompanying statements, contracts and schedules, is to the best of my knowledge and belief, true, correct and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of person completing the questionnaire

\_\_\_\_\_  
Title

( )  
\_\_\_\_\_  
Daytime phone