

Form 40 0033

Send this form to:

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Department of Revenue Compliance Administration PO Box 47473 Olympia WA 98504-7473

Washington Business Activities Questionnaire

Your	business	information

Business name:	Reporting n	umber/UBI:	
Mailing address:			
City:	Sta	ate:	Zip:
Phone number:	FEIN:		
Website:			

2	Your financial information from	to

1. Your sales information	Worldwide	in Washington
Gross service revenue:		
Gross royalty revenue:		
Gross wholesaling revenue:		
Gross retailing revenue:		
Other:		
2. Your expenses and asset information		
Payroll		
Property		

Please provide dollar amounts in U.S. dollars. Payroll includes amounts you pay to employees, corporate directors, and third party representatives. Property includes real property, personal property, loan and credit card receivables, rented property, and receivables.

3. My business has more than 200 retail transactions with Washington customers per year Yes No

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3 Describe your business activities in Washington

Complete this section from

to

1. Describe the business activities in Washington State and the services you provided to Washington customers.

2. Do you sell products (tangible personal property, digitaa. At retail to consumers or end users?		? Yes	No
b. At wholesale for resale?		Yes	No
c. How are your products and services delivered to Was	hington customers? (mark all that apply)	
Common carrier (UPS, FedEx, etc.)	Business truck		
USPS	Other (describe)		
3. Who do you sell your products/services to (mark all that	at apply)?		
Consumers	Retailers or distributors for resale		
Washington state, including counties or cities	U.S. Government or its agencies		
Manufacturers	Institutions (religious, non-profit, educ	cational,	etc.)
Resident employees	Other (describe):		
Indicate whether your business conducts the following a4. Does your business perform services outside Washing Washington may benefit from, directly or indirectly?	ton that a business or individual in	Yes	No
5. Does your business make sales or provide services via the Internet?		Yes	No
6. Does your business have franchises in Washington?		Yes	No
7. Does your business receive royalty income, or licensing income from patents, trade marks, trade names, franchise fees, or copyrights?		Yes	No
8. Does your business issue credit cards, debit cards, or travel and entertainment cards to Washington customers?		Yes	No
9. Do you provide any of the following services to custon addresses? (mark all that apply)	ners or end consumers with Washington		
Financial services	Management services		
Legal services	Training		
Call center services	Collection services		
In-state trade shows	Affiliated companies		
Other professional services (describe):			

Locations and property

10. Has your business maintained an office or other facility in Washington?	Yes	No
11. Have you leased equipment for your own use in Washington?	Yes	No
If yes, when and where did you lease the property?		

12. Do you have property in Washington such as a company car, land, vessels/boats, air craft, homes, vacation property, computers, servers, etc.?		No
If yes, please describe the property in Washington:		

13 . Has your business maintained a stock of goods in Washington?	Yes	No
If yes, please indicate if your stock is:		

Consigned Warehoused (this includes products warehoused in Washington by a marketplace facilitator) List addresses for all locations.

14. Do you rent or lease product (tangible personal property) to customers in Washington?. Yes No

a. If yes, during what years?

b. Describe the property you rent or lease.

15. Does your business provide warranties for its products or services?YesNoIf yes, who performs the warranty service in Washington?



4 Your employees and third party representatives

1. Sales and/or services are performed by or through (mark all that apply):

Resident employees	Nonresident employees*
Resident independent representatives	Nonresident independent representatives*
Resident manufacturer's representatives	Nonresident manufacturer's representatives*
In-state trade shows	Affiliated companies
Advertise, flyers, coupons, email, mailings, etc	Affiliate program
Corporate directors/board members	Marketplace facilitator
Other (describe):	

*If you checked nonresident, how many visits per year?

For what length of time?

- **2.** Describe the nature of your visits into Washington (demonstrations, training, installation, stock inventory, etc.) If you do not visit Washington, mark this section N/A.
- a. Date of first visit to Washington:
- **3.** Mark any below that apply to your business or a third party that you hired:

Performed maintenance and/or repair services in Washington.

Provided training services in Washington.

Erected or installed products in Washington.

Contracted, constructed, or built structures in Washington.

Demonstrated products, attended trade shows, passed out printed promotional materials or electronic equivalent, verbal solicitations, emails, or showcased products and services in Washington.

Entered into agreements with Washington businesses or individuals and paid a commission or other type of payment consideration for referrals.

Other (describe):

4. Has your business received Form 1099 for any activities you conduct in Washington?...... Yes No



5. Does your business have corporate directors or board members in Washington?	Yes	No
6. Does your business have a standard form of written agreement with employees or representatives in Washington, or a job description of such people or businesses?	Yes	No
If yes, enclose a copy (or copies) for our review.		
Ownership, affiliates, and related entity information		
 Does your business have any affiliated or related entities, regardless of ownership percentage? 	Yes	No
If yes, attach list of affiliated or related activities, and complete a separate questionnaire for eac	:h.	
2. Is your business a parent company?	Yes	No
3. Is your business a subsidiary?	Yes	No
4. Does your business file on a federal consolidated return?	Yes	No
If yes , to question 2 or 3, provide parent company information on a separate questionnaire. You can find the Washington Business Activities Questionnaire on our website at <u>dor.wa.gov</u> .		
5. Do you have an affiliate program?	Yes	No
If yes, please provide a copy of the agreement.		

5 Your information

Name:			Date:
Signature:		Title:	
Phone number:	Fax number:		
Email:			

If you are not the taxpayer, the taxpayer must fill out a <u>Confidential Tax Information Authorization</u> form so that we can talk to you about this account.