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BUSINESS OPERATIONS QUESTIONNAIRE

Client Name: _____ Date: _____
Name of Business: _____
Email Address: _____
Completed By: _____ Signature: _____

Describe the industries in which the company operates; please explain in detail below:

Describe the company's production process, please explain in detail below:

List each location maintain by the company and the nature of the activity carried on at each, e.g., plant, sales office, executive officers, etc.

Do you operate your business within PA only? ☐ Yes ☐ No

If yes, are you doing business in any NEW PA Localities, have you registered for Business Privilege Tax, if applicable?

If no, what other states are you operating /conducting business in? What services are you providing in those states?

Have you applied for the other states' required registrations and licenses? ☐ Yes ☐ No

Do you have employees working in states other than PA? ☐ Yes ☐ No

If yes, what states?

Do you have any internet sales? ☐ Yes ☐ No

If yes, are you billing and collecting sales tax on these transactions? ☐ Yes ☐ No

Do you buy goods online or from out of state vendors? ☐ Yes ☐ No

If yes, you may be required to pay PA use tax.

Did the corporation receive, sell exchange, gift, or otherwise dispose of any digital assets? ☐ Yes ☐ No