

**Send this form to:**

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

# Washington Business Activities Questionnaire

## 1 Your business information

Business name: \_\_\_\_\_ Reporting number/UBI: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ 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:	_____	_____
<b>2. Your expenses and asset information</b>		
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**

### 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, digital products) to customers in Washington?

- a. 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 Washington 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 apply)?

- Consumers Retailers or distributors for resale
- Washington state, including counties or cities U.S. Government or its agencies
- Manufacturers Institutions (religious, non-profit, educational, etc.)
- Resident employees Other (describe):

**Indicate whether your business conducts the following activities in Washington**

- 4. Does your business perform services outside Washington that a business or individual in Washington may benefit from, directly or indirectly? ..... 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 customers or end consumers with Washington addresses? (mark all that apply)

- 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.? ..... Yes 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? ..... Yes No

**If 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**

- 1. 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 each.

- 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 [dor.wa.gov](http://dor.wa.gov).

- 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 [Confidential Tax Information Authorization](#) form so that we can talk to you about this account.