

Docketing Statement DSCB:15-134A (Rev 2012)
Departments of State and Revenue

One (1) required

BUREAU USE ONLY:

Dept. of State Entity # _____

Dept. of Rev. Box # _____

Filing Period _____ Date 3 4 5 _____

SIC/NAICS _____ Report Code _____

Check proper box:

Pennsylvania Entities

☐ business stock
☐ business non-stock
☐ professional
☐ nonprofit stock
☐ nonprofit non-stock
☐ statutory close
☐ management
☐ cooperative
☐ insurance
☐ benefit
☐ limited liability company
☐ restricted professional
☐ limited liability company
☐ business trust

Foreign Entities

State/Country _____ Date _____

☐ business
☐ benefit
☐ nonprofit
☐ limited liability company
☐ restricted professional
☐ limited liability company
☐ business trust

Other

☐ domestication
☐ division
☐ consolidation

1. Entity Name:

2. Individual name and mailing address responsible for initial tax reports:

Name	Number and street	City	State	Zip
------	-------------------	------	-------	-----

3. Description of business activity:

4. Specified effective date, if any:

month/day/year hour, if any

5. EIN (Employer Identification Number), if any:

6. Fiscal Year End:

7. Fictitious Name (only if foreign corporation is transacting business in PA under a fictitious name):
