

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

<input type="checkbox"/> business stock
<input type="checkbox"/> business non-stock
<input type="checkbox"/> professional
<input type="checkbox"/> nonprofit stock
<input type="checkbox"/> nonprofit non-stock
<input type="checkbox"/> statutory close
<input type="checkbox"/> management
<input type="checkbox"/> cooperative
<input type="checkbox"/> insurance
<input type="checkbox"/> limited liability company
<input type="checkbox"/> restricted professional
<input type="checkbox"/> limited liability company
<input type="checkbox"/> business trust

Foreign Entities

State/Country _____ Date _____

<input type="checkbox"/> business
<input type="checkbox"/> nonprofit
<input type="checkbox"/> limited liability company
<input type="checkbox"/> restricted professional
<input type="checkbox"/> limited liability company
<input type="checkbox"/> business trust

Other

<input type="checkbox"/> domestication
<input type="checkbox"/> division
<input type="checkbox"/> 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): _____
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