**Massachusetts Activity Questionnaire**

**Case #** Click here to enter text.

**EIN #** Click here to enter text.

**If there is a Parent Company (355U), please provide EIN#:** Click here to enter text.

1. **Principal Business Activity:** Click here to enter text.
2. **State of Incorporation:** Click here to enter text.
3. **Principal Products:** Click here to enter text.
4. **Does the corporation have any bank account(s) in Massachusetts?** Click here to enter text.
5. **Has your corporation qualified to do business in Massachusetts?**

[ ]  YES [ ]  NO

1. **Has your corporation, at any time, made sales into Massachusetts?**

[ ]  YES [ ]  NO

1. **Does your corporation have resident employees in Massachusetts?**

[ ]  YES [ ]  NO

**If yes, how many?** Click here to enter text.

1. **Does your corporation withhold income taxes from in-state residents?**

[ ]  YES [ ]  NO

1. **Has your corporation, at any time, had an office, agency, warehouse, sample or display room, or any other place of business in the State of Massachusetts?**

[ ]  YES [ ]  NO

 **If yes, please specify the location, dates, and nature of activities:**

Click here to enter text.

1. **Has your corporation, at any time, owned any tangible personal or real property located and/or used in Massachusetts (i.e. inventory, consigned inventory, motor vehicles, equipment…)?**

[ ]  YES [ ]  NO

 **If yes, please specify type of property, location, and applicable years:**

Click here to enter text.

1. **Has your corporation, at any time, leased or rented any tangible personal or real property located and/or used in Massachusetts (i.e. warehouse space, motor vehicles, office space…)?**

[ ]  YES [ ]  NO

 **If yes, please specify type of property, location, and applicable years:**

Click here to enter text.

1. **Have employees of your corporation (or representatives), at any time, collected delinquent accounts from Massachusetts customers?**

[ ]  YES [ ]  NO

1. **Have employees of your corporation, at any time, conducted business in Massachusetts through independent representatives (i.e., salesmen, agents, brokers...)?**

[ ]  YES [ ]  NO

1. **Do these representatives maintain an office of any kind in Massachusetts (e.g., home offices, sample or display room)?**

[ ]  YES [ ]  NO

**If yes, please specify type of office, location and applicable time periods:**

Click here to enter text.

1. **Do these independent representatives conduct business for any other unaffiliated companies?**

[ ]  YES [ ]  NO

1. **Have employees of your corporation (or independent representatives), at any time, approved customer orders in Massachusetts?**

[ ]  YES [ ]  NO

1. **Have employees of your corporation (or independent representatives), at any time, investigated creditworthiness of Massachusetts customers?**

[ ]  YES [ ]  NO

 **If yes, describe how:** Click here to enter text.

1. **Have employees of your corporation (or independent representatives) at any time, provided any type of service in Massachusetts (i.e. repair, engineering, maintenance, installation…)?**

[ ]  YES [ ]  NO

 **If yes, please specify type of service and applicable years:**

Click here to enter text.

1. **Have employees of your corporation (or independent representatives), at any time, inspected your corporation’s products or offered technical assistance as to the use of such products in Massachusetts after installation in this state?**

[ ]  YES [ ]  NO

1. **Have employees of your corporation (or independent representatives), at any time, made deliveries of products into Massachusetts by means of vehicles owned or leased by your corporation?**

[ ]  YES [ ]  NO

1. **Have your employees (or independent representatives), at any time, picked up or verified destroyed, damaged, or returned merchandise in Massachusetts?**

[ ]  YES [ ]  NO

1. **Have any of your employees (or independent representatives), at any time, distributed samples in Massachusetts?**

[ ]  YES [ ]  NO

**If yes, please state the quantity and value of the samples, applicable years, and what is done with the samples:**

Click here to enter text.

1. **Does your corporation receive any consideration for these samples?**

[ ]  YES [ ]  NO

 **If yes, please explain:** Click here to enter text.

1. **Have employees of your corporation (or independent representatives), at any time, conducted lectures or training courses in Massachusetts for customers, agents, or distributors with respect to your products?**

[ ]  YES [ ]  NO

 **If yes, please describe:** Click here to enter text.

1. **Does your corporation retain a security interest in any goods you sell to Massachusetts customers?**

[ ]  YES [ ]  NO

 **If yes, please state the number of repossessions per year:** Click here to enter text.

 **Who conducts these repossessions?** Click here to enter text.

1. **Has your corporation, at any time, engaged in any activities in Massachusetts not previously mentioned above?**

[ ]  YES [ ]  NO

 **If yes, please specify:** Click here to enter text.

1. **Has your corporation ever filed returns with the Massachusetts Department of Revenue?**

[ ]  YES [ ]  NO

 **If yes, please specify:**

|  |  |  |
| --- | --- | --- |
| **Tax Type** | **Date Last Return was Filed** | **ID # Used** |
| **Sales and Use (SLS)** | Click here to enter a date. | Click here to enter text. |
| **Withholding (WTH)** | Click here to enter a date. | Click here to enter text. |
| **Meals (MLS)** | Click here to enter a date. | Click here to enter text. |
| **Room Occupancy (ROC)** | Click here to enter a date. | Click here to enter text. |
| **Partnership (PAR)** | Click here to enter a date. | Click here to enter text. |
| **Personal Income (PIT)** | Click here to enter a date. | Click here to enter text. |
| **Composite (CMP)** | Click here to enter a date. | Click here to enter text. |
| **Fiduciary (FIT)** | Click here to enter a date. | Click here to enter text. |
| **Financial (FIE)** | Click here to enter a date. | Click here to enter text. |
| **Unrelated Business Income (UBI)** | Click here to enter a date. | Click here to enter text. |
| **Corporate Combined (CCE)** | Click here to enter a date. | Click here to enter text. |
| **C-Corporation (COR)** | Click here to enter a date. | Click here to enter text. |
| **S-Corporation (COR)** | Click here to enter a date. | Click here to enter text. |

**Name of Preparer:** Click here to enter text.

**Title:** Click here to enter text.

**Date:** Click here to enter a date.

**e-Signature of Preparer:** Click here to e-sign.

*Signed under the pains and penalties of perjury.*

**Key**

1. **SLS - Form ST-9 Sales and Use Tax Return**
2. **WTH - Form M-941 – Employer’s Return of Income Taxes Withheld**
3. **MLS - Form ST-MAB-4 Sales Tax on Meals, Prepared Food and All Beverages Return**
4. **USE - Form ST-10 Business Use Tax Return – (Annual only)**
5. **ROC - Room Occupancy Consolidated - Form RO-2 Room Occupancy Tax Return – (Effective as of July 1, 2019)**
6. **PIT - Form 1-NR/PY Massachusetts Nonresident/Part–Year Tax Return**
7. **PIT - Form 1 Massachusetts Resident Income Tax Return**
8. **PAR - Form 3 Partnership Income Tax Return**
9. **PTE - Pass-Through Entity Withholding Return – (Form PTE-WH)**
10. **COR - Form 355 Business/Manufacturing Corporation / Excise Return**
11. **COR - Form 355S S Corporation Excise Return**
12. **CCE - Form 355U Excise for Taxpayers Subject to Combined Reporting**
13. **CMP - Form MA NRCR – Nonresident Composite Return**
14. **UBI – Form M-990T - Unrelated Business Income Tax Return**
15. **UBI - Form 3M – Income Tax Return for Clubs and Other Organizations not Engaged in Business for Profit**
16. **FIE - Form 63 FI Financial Institution Excise Return**
17. **FIT - Form 2 Fiduciary Income Tax Return**