

Nexus Questionnaire Income Taxes

	Examiner:
Taxpayer or qualifying entity's legal name:	
DBA (if different from legal name):	
Mailing address (number and street):	
City, state, ZIP:	
Business website address:	
	orporation Partnership Sole proprietorship ler (specify):
State or country of incorporation, formation or original	gination and date:
Business activity code (NAICS code):	Employer identification number (FEIN):
Has this entity ever filed with this department as recently filed return.	ny of the following tax returns? If yes, indicate the year of the most
No Yes Year (If	Yes) No Yes Year (If Yes)
Corporation franchise tax	Pass-through entity tax
Commercial activity tax	Personal property tax
Employer withholding tax	Sales or use tax
Highway use/motor fuel tax	Other (specify):
year: (i) a "related entity" as defined in R.C. 5733.0 (I.R.C.) §1563(b), or (iii) a person to whom or from	to the business, is any of the following during all or any portion of the taxable 04(I)(12)(c), or (ii) a "component member" as defined in Internal Revenue Code whom there is attribution of stock ownership in accordance with I.R.C. §1563(e) percent" wherever "5 percent" appears in I.R.C. section §1563(e). See R.C.
entity? No Yes. If yes, please indicate t	th another business that was formerly an Ohio taxpayer or qualifying he name and FEIN of the surviving and non-surviving business and the
IV. Does this entity, directly or through others act business, conduct any of the following activiti	
Solicit sales and/or solicit loans	
2. Make repairs or provide maintenance or wa	rranty service
3. Collect current or delinquent accounts	
4. Transport passengers or property for hire in	or through this state
If yes, please check the method(s) of delive ☐ Common carrier ☐ Customer pick	, <u> </u>
5. Install or supervise installation of property	

		No	Yes	Year (If Yes)
6.	Investigate, handle or otherwise provide assistance to resolve customer complaints			
7.	Provide technical assistance, training and/or consulting services, including, but not limited to, engineering assistance, design services, quality control, product inspections or similar services, to your customers, your own employees, your related members' employees or others			
8.	Having one or more employees or others conducting business activity in this state			
9.	Sell, lease, rent, license to use (for your use/consumption or for others' use/consumption) or consign to others real property and/or tangible or intangible personal property			
10.	Have employees, agents, representatives, independent contractors, brokers or others who own, rent, lease, use or maintain an office or other establishment if this property(i) is used in the representation of the out-of-state business in this state and (ii) is significantly associated with the business's ability to establish and maintain a market in this state			
11.	Have a direct or indirect ownership interest in a pass-through entity having nexus with this state. If yes, please indicate the name and FEIN of the pass-through entity (attach additional sheet(s)):			
12.	Hold a certificate of compliance authorizing the out-of-state business to transact business in this state			
13.	Hire, train or supervise personnel			
14.	Does the business and/or any one or more of its related members conduct in this state any activity that exceeds the protection of P.L. 86-272? If yes, please indicate the complete name, address and federal ID number for each entity (attach additional sheet(s)):			

 Signature:
Title: (Officer, general partner, proprietor, member, manager, etc.)
 Email:
Date:

Please return this completed questionnaire to:
Ohio Department of Taxation
Pass-Through Entity Tax
P.O. Box 2476
Columbus, OH 43216-2476