Please note that in general the Rulings and Regulations Bureau no longer issues nexus determinations because of the difficulty in evaluating complex facts and circumstances that may create nexus. You may use the nexus questionnaire to evaluate the activities of your corporation, or if you are requested to complete the questionnaire by the Audit Division, you should return the questionnaire to the requestor. Also click <u>here</u> for additional information on corporate nexus.

QUESTIONNAIRE FOR CORPORATIONS

Name and address of taxpayer 1. Legal name of the corporation _____ 2. Address of principal office _____ 3. State of incorporation _____ 4. Date of incorporation Federal Identification Number _____ 5. Has your corporation gualified to do business in Massachusetts? 6. Yes No 7. Has your corporation, at any time, made sales into Massachusetts? Yes No Does your corporation have resident employees in Massachusetts? 8. Yes No If yes, how many? _____ Does your corporation withhold income taxes from in-state residents? 9. Yes No Has your corporation, at any time, had an office, agency, warehouse, sample or display room, or any 10. other place of business in the State of Massachusetts? Yes No If yes, please specify the location, dates, and nature of activities.

11.	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)?

12.

13.

14.

15.

	Yes No	
	If yes, please specify type of property, location, and applicable	e years.
locate	your corporation, at any time, leased or rented any tangible per ted and/or used in Massachusetts (i.e., warehouse space, moto ce)?	
-1	Yes No	
	If yes, please specify type of property, location, and applicable	e years.
	e employees of your corporation (or representatives), at any tim ounts from Massachusetts customers?	e, collected delinquent
accou	Yes No	
	e employees of your corporation, at any time, conducted busine ugh independent representatives (i.e., salesmen, agents, broke	
	Yes No	
	these representatives maintain an office of any kind in Massach	usetts (e.g., home offices,
	Yes No	
	If yes, please specify type of office, location and applicable tir	ne periods.

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

Yes No

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

Yes No

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

19.

20.

			Yes No		
	If yes, describe how				-
	employees of your corp ype of service in Massa	· ·	•	mainténance, inst	· •
	If yes, please specify ty	/pe of service and ap	plicable years	5.	
your	employees of your corp corporation's products c achusetts after installat	or offered technical as			

Yes No

21. 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

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

		Yes No					
23.		e any of your employees (or independent representatives), at any time, distributed bles in Massachusetts?					
	ourip	Yes No					
		If yes, please state the quantity and value of the samples, applicable years, and what is done with the samples.					
24.	Does	s your corporation receive any consideration for these samples?					
		Yes No					
		If yes, please explain.					
25.	cond	e employees of your corporation (or independent representatives), at any time, lucted lectures or training courses in Massachusetts for customers, agents, or butors with respect to your products?					
		Yes No					
		If yes, please describe.					
26.		s your corporation retain a security interest in any goods you sell to Massachusetts omers?					
		Yes No					
		If yes, please state the number of repossessions per year.					
		Who conducts these repossessions?					

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

				Yes	No	
	If yes, please specify					
28.	Has your corporation ever filed returns with the Massachusetts Department of Revenue?					
				Yes	No	
	If yes, please specify: Date Last					
		Yes	<u>No</u>	Date Last <u>Return Filed</u>	ID# Used	
	Corporate Excise: Sales/Use Tax: Meals Tax: Room Occupancy: Withholding Tax:					
Nam	e of Preparer (print or type	e)				
Title:	:					
Date	:					
Sign	ature of Preparer:	Signed un	der the	pains and per	nalties of perjury.	