

STATUS REPORT C-1 (12/16)

VERMONT EMPLOYER NUMBER

**COMPLETE BOTH SIDES OF THIS FORM, AND RETURN WITHIN 10 DAYS.
OR GO TO "EMPLOYER ONLINE SERVICES" AT WWW.LABOR.VERMONT.GOV.**

**INCOMPLETE FORMS WILL
DELAY REGISTRATION.**

YOU WILL BE INFORMED OF YOUR VERMONT UI LIABILITY

DEPARTMENT CONTACT

1. FEDERAL ID NUMBER

2. EMPLOYER'S LEGAL NAME 5. MAILING ADDRESS STREET
3. TRADE OR DBA NAME (LIST ALL) CITY STATE ZIP CODE
4. ATTENTION OR C/O NAME 5A. E-MAIL ADDRESS/WEB ADDRESS
5B. TELEPHONE NO. 5C. FAX NUMBER
6. TYPE OF ORGANIZATION (CHECK ONE) SOLE-PROPRIETORSHIP OR DOMESTIC PARTNERSHIP CO-OWNER (Husband/Wife or Civil Union Partners)
 501 (c)(3) CORPORATION, **MUST ATTACH IRS EXEMPTION** ASSOCIATION TRUSTEE IN BANKRUPTCY
 LIMITED LIABILITY COMPANY (LLC/LLP/L3C) CORPORATION, SPECIFY STATE AND DATE OF INCORPORATION _____
6A. LIST BELOW THE OWNER(S), PARTNERS, MEMBERS/MANAGERS OR OFFICERS:
NAME SOCIAL SECURITY NO. TITLE HOME ADDRESS (NO P.O. BOXES)

MULTISTATE WORKERS
7. DO YOU HAVE EMPLOYEE(S) WHO WORKED FOR YOU IN ANOTHER STATE BEFORE WORKING IN VERMONT? NO YES

7A. FIRST DATE OF EMPLOYMENT IN VERMONT: _____ DATE FIRST WAGES PAID IN VERMONT: _____

7B. HAS YOUR ORGANIZATION PAID FEDERAL UNEMPLOYMENT TAX ON WAGES PAID IN ANOTHER STATE IN PRIOR YEARS? NO YES, LIST YEAR(S) _____

7C. ENTER THE NUMBER OF WORKERS FOR EACH WEEK AND THE TOTAL GROSS WAGES PAID FOR EACH CALENDAR QUARTER EMPLOYMENT OCCURRED.
IF EMPLOYMENT OCCURRED PRIOR TO THE CALENDAR YEARS LISTED BELOW, PLEASE ATTACH ADDITIONAL SHEETS WITH THE NEEDED INFORMATION.
DO NOT ESTIMATE FUTURE WAGES. A WORKER IS ANYONE PERFORMING SERVICES FOR YOUR BUSINESS, UNLESS THEY ARE EXEMPT UNDER UNEMPLOYMENT.

CALENDAR YEAR 2017 - ENTER NUMBER OF WORKERS IN EACH WEEK ENTER QUARTERLY GROSS WAGES PAID

7-Jan	14-Jan	21-Jan	28-Jan	4-Feb	11-Feb	18-Feb	25-Feb	4-Mar	11-Mar	18-Mar	25-Mar	1-Apr		
8-Apr	15-Apr	22-Apr	29-Apr	6-May	13-May	20-May	27-May	3-Jun	10-Jun	17-Jun	24-Jun	1-Jul		
8-Jul	15-Jul	22-Jul	29-Jul	5-Aug	12-Aug	19-Aug	26-Aug	2-Sep	9-Sep	16-Sep	23-Sep	30-Sep		
7-Oct	14-Oct	21-Oct	28-Oct	4-Nov	11-Nov	18-Nov	25-Nov	2-Dec	9-Dec	16-Dec	23-Dec	30-Dec		

CALENDAR YEAR 2016 - ENTER NUMBER OF WORKERS IN EACH WEEK ENTER QUARTERLY GROSS WAGES PAID

2-Jan	9-Jan	16-Jan	23-Jan	30-Jan	6-Feb	13-Feb	20-Feb	27-Feb	5-Mar	12-Mar	19-Mar	26-Mar		
2-Apr	9-Apr	16-Apr	23-Apr	30-Apr	7-May	14-May	21-May	28-May	4-Jun	11-Jun	18-Jun	25-Jun		
2-Jul	9-Jul	16-Jul	23-Jul	30-Jul	6-Aug	13-Aug	20-Aug	27-Aug	3-Sep	10-Sep	17-Sep	24-Sep		
1-Oct	8-Oct	15-Oct	22-Oct	29-Oct	5-Nov	12-Nov	19-Nov	26-Nov	3-Dec	10-Dec	17-Dec	24-Dec	31-Dec	

DEPARTMENT USE ONLY

STATUS NAICS	COUNTY	TOWN	LMI NAICS	LIABLE <input type="checkbox"/> NO <input type="checkbox"/> YES	REPORTS DUE <input type="checkbox"/> NONE	EXAMINED BY	DATE
				LIABLE ESTAB	IN UC <input type="checkbox"/> MAIL <input type="checkbox"/>	TICKLE DATE	
LIAB CODE	TYPE <input type="checkbox"/> NEW <input type="checkbox"/> RTA, SAME NO. <input type="checkbox"/> RTA, NEW NO.	<input type="checkbox"/> AC <input type="checkbox"/> PARTIAL <input type="checkbox"/> FULL, TRANSFER EXPERIENCE	PREDECESSOR OR OLD NO.	RATES			

8. VERMONT PHYSICAL LOCATION WHERE SERVICES ARE PERFORMED - STREET (NOT RFD OR P.O. BOX #)			TELEPHONE NUMBER
CITY	STATE	ZIP CODE	FAX NUMBER

9. DO YOU HAVE WORKERS PERFORMING SERVICES FOR YOUR BUSINESS WHOM YOU CONSIDER TO BE SELF-EMPLOYED OR INDEPENDENT CONTRACTORS YES NO- IF YES, PLEASE ATTACH A LIST PROVIDING NAME, ADDRESS, TELEPHONE AND TYPE OF SERVICE PROVIDED/PERFORMED.

10. DID YOU ACQUIRE THE ORGANIZATION, TRADE, BUSINESS OR ANY ASSETS OF ANY OTHER VERMONT EMPLOYER?

YES - Complete items 11A-11F and 12. NO, Go to item 12.

DID YOU INCORPORATE YOUR VERMONT PROPRIETORSHIP OR PARTNERSHIP? YES - Account No.: _____

If YES, Complete items 11A-11F. No - Go to item 12.

11A. DID YOU ACQUIRE ALL? PART? 11B. DATE ACQUIRED _____

11C. UNEMPLOYMENT ACCOUNT NUMBER OF BUSINESS ACQUIRED _____

11D. NAME OF BUSINESS ACQUIRED _____

11E. NUMBER OF EMPLOYEES RETAINED FROM FORMER OWNER NONE SOME ALL HOW MANY? _____

11F. HOW WAS BUSINESS ACQUIRED? (check one) PURCHASE MERGER FRANCHISE ENTITY CHANGE

LEASE (SPECIFY NATURE OF THE LEASE _____)

12. HAVE YOU EVER HAD A VERMONT UNEMPLOYMENT ACCOUNT NUMBER FOR THIS BUSINESS OR ANY OTHER LEGAL BUSINESS ENTITY?

YES NO IF YES, GIVE FULL BUSINESS NAME _____

NATURE OF BUSINESS ACTIVITY

13A. PROVIDE A DETAILED DESCRIPTION OF THE NATURE OF ACTIVITY IN VERMONT.

13B. LIST PRINCIPLE PRODUCT(S) OR SERVICES, IN ORDER OF IMPORTANCE.

13C. PLEASE SELECT THE APPROPRIATE CATEGORY BELOW WHICH CLOSELY DESCRIBES YOUR BUSINESS IN VERMONT. IF YOU HAVE MULTIPLE BUSINESS TYPES, PLEASE SPECIFY THE PERCENTAGES IN 13A ABOVE. PLEASE BE SURE TO PROVIDE DETAILS IN 13A AND 13B..

- | | | |
|---|--|---|
| <input type="checkbox"/> Agriculture, Forestry, Fishing and Hunting | <input type="checkbox"/> Transportation & Warehousing | <input type="checkbox"/> Educational Services |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Information | <input type="checkbox"/> Health Care & Social Assistance |
| <input type="checkbox"/> Utilities | <input type="checkbox"/> Finance & Insurance | <input type="checkbox"/> Arts, Entertainment & Recreation |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Real Estate & Rental & Leasing | <input type="checkbox"/> Accommodation & Food Services |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Professional, Scientific & Technical Services | <input type="checkbox"/> Other Services (Except Administrative) |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Management of Companies & Enterprises | <input type="checkbox"/> Public Administration |
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Administrative & Waste Services | |

IF YOU ARE UNSURE OF THE CATEGORY IN WHICH YOUR BUSINESS FALLS, CONTACT LABOR MARKET INFORMATION AT (802) 828-3868 OR ACCESS THE WEB AT [HTTP://WWW.NAICS.COM/SEARCH.HTM](http://www.naics.com/search.htm) FOR MORE INFORMATION.

14. ENTER THE NUMBER OF ESTABLISHMENTS THE ABOVE BUSINESS OPERATES IN VERMONT.

INCLUDE: Home(s) of personnel, when the company does not have an office or worksite in Vermont.

EXCLUDE: Locations that are temporary (exist less than 1 year) or not staffed on a regular basis.

If more than ONE Location, attach a list specifying each location with the STREET ADDRESS, CITY AND THE NUMBER OF WORKERS AT EACH LOCATION.

15. The following information is necessary as future notices will be available electronically. If the general contact is also responsible for UI Tax and Benefit information, enter "Same" in those areas.

UI General Contact*

UI Tax Contact

UI Benefit Contact

INTERNAL contact if other contacts fail:

Person/Service that completes UI Tax Returns

Person/Service that completes separations/wage requests

E-MAIL*: _____

E-MAIL*: _____

E-MAIL*: _____

*** REQUIRED**

16. SIGNATURE OF OWNER, PARTNER, OFFICER OF CORP., OR HEAD OF HOUSEHOLD