

**STATUS REPORT C-1 (12/15)**

**COMPLETE BOTH PAGES OF THIS FORM, AND RETURN WITHIN 10 DAYS  
OR GO TO 'EMPLOYER ONLINE SERVICES' AT [WWW.LABOR.VERMONT.GOV](http://WWW.LABOR.VERMONT.GOV).**

**INCOMPLETE FORMS WILL  
DELAY REGISTRATION.**

**YOU WILL BE INFORMED OF YOUR VERMONT UI LIABILITY**

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 NUMBER		5C. FAX NUMBER	
6. TYPE OF ORGANIZATION (CHECK ONE) <input type="checkbox"/> SOLE-PROPRIETORSHIP OR DOMESTIC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CO-OWNER (Husband/Wife or Civil Union Partners)					
<input type="checkbox"/> 501 (c)(3) CORPORATION, <b>MUST ATTACH IRS EXEMPTION</b> <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> TRUSTEE IN BANKRUPTCY					
<input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC/LLP/L3C) <input type="checkbox"/> 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 YEARS

**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 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		

CALENDAR YEAR 2015 - ENTER NUMBER OF WORKERS IN EACH WEEK													ENTER QUARTERLY GROSS WAGES PAID	
3-Jan	10-Jan	17-Jan	24-Jan	31-Jan	7-Feb	14-Feb	21-Feb	28-Feb	7-Mar	14-Mar	21-Mar	28-Mar		
4-Apr	11-Apr	18-Apr	25-Apr	2-May	9-May	16-May	23-May	30-May	6-Jun	13-Jun	20-Jun	27-Jun		
4-Jul	11-Jul	18-Jul	25-Jul	1-Aug	8-Aug	15-Aug	22-Aug	29-Aug	5-Sep	12-Sep	19-Sep	26-Sep		
3-Oct	10-Oct	17-Oct	24-Oct	31-Oct	7-Nov	14-Nov	21-Nov	28-Nov	5-Dec	12-Dec	19-Dec	26-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"/>	TICKLE DATE	
LIAB CODE	TYPE <input type="checkbox"/> NEW <input type="checkbox"/> RTA, SAME NO. <input type="checkbox"/> RTA, NEW NO.	<input type="checkbox"/> ACS <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 \_\_\_\_\_

<b>NATURE OF BUSINESS ACTIVITY</b>	
13A. PROVIDE A DETAILED DESCRIPTION OF THE NATURE OF ACTIVITY IN VERMONT.	13B. LIST PRINCIPLE PRODUCT(S) OR SERVICE(S), 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 & Hunting <input type="checkbox"/> Mining <input type="checkbox"/> Utilities <input type="checkbox"/> Construction <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation & Warehousing <input type="checkbox"/> Information <input type="checkbox"/> Finance & Insurance <input type="checkbox"/> Real Estate & Rental & Leasing <input type="checkbox"/> Professional, Scientific & Technical Services <input type="checkbox"/> Management of Companies & Enterprises <input type="checkbox"/> Administrative & Waste Services	<input type="checkbox"/> Educational Services <input type="checkbox"/> Health Care & Social Assistance <input type="checkbox"/> Arts, Entertainment & Recreation <input type="checkbox"/> Accommodation & Food Services <input type="checkbox"/> Other Services (Except Administrative) <input type="checkbox"/> Public Administration
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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.        If more than ONE location, attach a list specifying each location with the STREET ADDRESS, CITY AND THE NUMBER OF WORKERS AT EACH LOCATION.  
EXCLUDE: Locations that are temporary (exist less than 1 year) or are not staffed on a regular basis.

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	TITLE	DATE
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