

Unemployment Insurance Business Registration

Response Due By:

Employer Account Number:

Complete both pages of this form and return by the due date provided above. You may complete the registration online through Employer Portal located on our website: www.labor.vermont.gov. Incomplete forms will delay registration and a liability determination.

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) 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 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 2018 - ENTER NUMBER OF WORKERS IN EACH WEEK													ENTER QUARTERLY GROSS WAGES PAID
6-Jan	13-Jan	20-Jan	27-Jan	3-Feb	10-Feb	17-Feb	24-Feb	3-Mar	10-Mar	18-Mar	25-Mar	1-Apr	
7-Apr	14-Apr	21-Apr	28-Apr	5-May	12-May	19-May	26-May	2-Jun	9-Jun	16-Jun	23-Jun	30-Jun	
7-Jul	14-Jul	21-Jul	28-Jul	4-Aug	11-Aug	18-Aug	25-Aug	1-Sep	8-Sep	15-Sep	22-Sep	29-Sep	
6-Oct	13-Oct	20-Oct	27-Oct	3-Nov	10-Nov	17-Nov	24-Nov	1-Dec	8-Dec	15-Dec	22-Dec	29-Dec	

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	26-Mar	1-Apr	
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	
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	

DEPARTMENT USE ONLY

STATUS NAICS	COUNTY	TOWN	LMI NAICS	LIABLE LIABLE ESTAB	NO YES	REPORTS DUE IN UC <input type="checkbox"/>	<input type="checkbox"/> NONE <input type="checkbox"/> MAIL	EXAMINED BY _____ DATE _____ 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 _____

NATURE OF BUSINESS ACTIVITY

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"/> 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. 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 UI Tax Contact is also responsible for UI Tax and Benefit information, enter "SAME" in that area.

UI Tax Contact:	UI Benefit Contact:
Person/Service that completes UI Tax Returns	Person/Service that completes separations/wage requests
E-mail*: _____	E-mail*: _____
*Required	*Required

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