

BUSINESS REGISTRATION

C-1 (12/21)

ATTN: EMPLOYER SERVICES
P.O. BOX 488
MONTPELIER, VERMONT 05601-0488

TELEPHONE: 802-828-4344
FAX: 802-828-4248

VERMONT EMPLOYER NUMBER

COMPLETE BOTH PAGES 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

1. FEDERAL ID NUMBER

2. EMPLOYER'S LEGAL NAME
5. MAILING ADDRESS
3. TRADE OR DBA NAME (LIST ALL)
4. ATTENTION OR C/O NAME
5A. E-MAIL ADDRESS/WEB ADDRESS
5B. TELEPHONE NUMBER
5C. FAX NUMBER
6. TYPE OF ORGANIZATION (CHECK ONE)
6A. LIST BELOW THE OWNER(S), PARTNERS, MEMBERS/MANAGERS OR OFFICERS:

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 2022 - ENTER NUMBER OF WORKERS IN EACH WEEK
ENTER QUARTERLY GROSS WAGES PAID
Table with 13 columns for weeks and 2 for quarterly wages.

CALENDAR YEAR 2021 - ENTER NUMBER OF WORKERS IN EACH WEEK
ENTER QUARTERLY GROSS WAGES PAID
Table with 13 columns for weeks and 2 for quarterly wages.

DEPARTMENT USE ONLY

STATUS NAICS COUNTY TOWN LMI NAICS LIABLE NO YES REPORTS DUE NONE EXAMINED BY DATE
IN UC MAIL TICKLE DATE
LIAB CODE TYPE NEW RTA, SAME NO. RTA, NEW NO. ACS PARTIAL FULL, TRANSFER EXPERIENCE PREDECESSOR OR OLD NO. RATES

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| 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. |
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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 |
|--|--|---|

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.

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|--|--|---|
| 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 |
|---|-------|------|