

Unemployment Insurance Business Registration

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 AND A LIABILITY DETERMINATION.

1. FEDERAL ID NUMBER

2. EMPLOYER'S LEGAL BUSINESS NAME	5. MAILING ADDRESS		
3. TRADE OR DBA NAME (LIST ALL)	CITY STATE ZIP		
4. ATTENTION OR C/O NAME	5a. EMAIL/WEB ADDRESS		
	5b. PHONE 5c. FAX		
6. VERMONT PHYSICAL LOCATION WHERE SERVICES ARE PERFORMED – STREET (NOT RFD OR P.O. BOX)			
CITY STATE ZIP	PHONE FAX		
7. Check all that apply: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Association <input type="checkbox"/> 501(C)3 Non-Profit <input type="checkbox"/> Registered VT Secretary of State <input type="checkbox"/> Corporation Specify State and Date of Corporation _____ <input type="checkbox"/> Single Member LLC <input type="checkbox"/> Multi-Member LLC <input type="checkbox"/> Elected S Corp Status			
8. List the owners(s), partners, members/managers, or officers.			
NAME	SSN	TITLE	HOME ADDRESS (NO P.O. BOXES)
9. Have you ever had a Vermont Unemployment Account Number for this business or any other legal business entity? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE FULL BUSINESS NAME			
10. Do you have any employee(s) who worked for you in another state before working in Vermont? <input type="checkbox"/> YES <input type="checkbox"/> NO			
11. Do you have workers performing services for your business whom you consider to be self-employed or independent contractors? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE ATTACH A LIST PROVIDING THE NAME, ADDRESS, PHONE AND TYPE OF SERVICE PROVIDED/PERFORMED.			
12. Has your organization been subject to federal unemployment tax on wages paid in another state in prior years? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST YEARS			

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

13a. First date of employment in Vermont										Date of first wages paid in Vermont				
13b. 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. PLEASE NOTE: DO NOT ESTIMATE FUTURE WAGES! A worker is anyone performing services for your business unless they are exempt under employment.														
CALENDAR YEAR 2024 – ENTER NUMBER OF WORKERS IN EACH WEEK													ENTER QUARTERLY GROSS WAGES PAID	
Dec 31	Jan 7	Jan 14	Jan 21	Jan 28	Feb 4	Feb 11	Feb 18	Feb 25	Mar 3	Mar 10	Mar 17	Mar 24		\$
Mar 31	Apr 7	Apr 14	Apr 21	Apr 28	May 5	May 12	May 19	May 26	Jun 2	Jun 9	Jun 16	Jun 23		\$
Jun 30	Jul 7	Jul 14	Jul 21	Jul 28	Aug 4	Aug 11	Aug 18	Aug 25	Sep 1	Sep 8	Sep 15	Sep 22		\$
Sep 29	Oct 6	Oct 13	Oct 20	Oct 27	Nov 3	Nov 10	Nov 17	Nov 24	Dec 1	Dec 8	Dec 15	Dec 22		\$
Dec 29														\$
CALENDAR YEAR 2023 – ENTER NUMBER OF WORKERS IN EACH WEEK													ENTER QUARTERLY GROSS WAGES PAID	
Jan 7	Jan 14	Jan 21	Jan 28	Feb 4	Feb 11	Feb 18	Feb 25	Mar 4	Mar 11	Mar 18	Mar 25	Apr 1		\$
Apr 8	Apr 15	Apr 22	Apr 29	May 6	May 13	May 20	May 27	Jun 3	Jun 10	Jun 17	Jun 24	Jul 1		\$
Jul 8	Jul 15	Jul 22	Jul 29	Aug 5	Aug 12	Aug 19	Aug 26	Sep 2	Sep 9	Sep 16	Sep 23	Sep 30		\$
Oct 7	Oct 14	Oct 21	Oct 28	Nov 4	Nov 11	Nov 18	Nov 25	Dec 2	Dec 9	Dec 16	Dec 23	Dec 30		\$
14. Do you utilize a payroll company to process your quarterly reports? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE BUSINESS NAME _____														
15. Did you acquire the organization, trade, business, or any assets of any other Vermont employer? <input type="checkbox"/> YES – Complete items 16A - F Did you incorporate your Vermont proprietorship or partnership? <input type="checkbox"/> YES – Complete items 16A – F Account No. _____														
16a. Did you acquire <input type="checkbox"/> All? <input type="checkbox"/> Part? 16b. Date Acquired: _____														
16c. Name of Business Acquired: _____														
16d. Unemployment Account Number of Business Acquired: _____														
16e. Number of employees retained from former owner: <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> All How many? _____														
16f. How was the business acquired? (check one) <input type="checkbox"/> Purchase <input type="checkbox"/> Merger <input type="checkbox"/> Franchise <input type="checkbox"/> Entity Change <input type="checkbox"/> Lease (Specify the nature of the lease) _____														
17. Provide a detailed description of the nature of activity in Vermont.														
18. 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 are 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.		
19. 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 spaces. Please note: UI General Contact is required information.														
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				
EMAIL					EMAIL					EMAIL				
20. SIGNATURE OF OWNER, PARTNER, OFFICER OF CORP., OR HEAD OF HOUSEHOLD								TITLE				DATE		