

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 REGISTRATIONS 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, PROVIDE 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	REPORTS DUE? <input type="checkbox"/> NONE	EXAMINED BY	DATE
				LIABLE ESTAB	<input type="checkbox"/> MAIL <input type="checkbox"/> IN UC	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		

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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 2025 – ENTER NUMBER OF WORKERS IN EACH WEEK													ENTER QUARTERLY GROSS WAGES PAID	
Jan 5	Jan 12	Jan 19	Jan 26	Feb 2	Feb 9	Feb 16	Feb 23	Mar 2	Mar 9	Mar 16	Mar 23	Mar 30		\$
Apr 6	Apr 13	Apr 20	Apr 27	May 4	May 11	May 18	May 25	Jun 1	Jun 8	Jun 15	Jun 22	Jun 29		\$
Jul 6	Jul 13	Jul 20	Jul 27	Aug 3	Aug 10	Aug 17	Aug 24	Aug 31	Sep 7	Sep 14	Sep 21	Sep 28		\$
Oct 5	Oct 12	Oct 19	Oct 26	Nov 2	Nov 9	Nov 16	Nov 23	Nov 30	Dec 7	Dec 14	Dec 21	Dec 28		\$

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														\$

14. Do you utilize a payroll company to process your quarterly reports? YES NO IF YES, PROVIDE BUSINESS NAME.
 IF YES, GIVE BUSINESS NAME: _____

15. Did you acquire the organization, trade, business, or any assets of any other Vermont employer? YES – Complete items 16A – F
 Did you incorporate your Vermont proprietorship or partnership? YES – Complete items 16A – F Account No. _____

16a. Did you acquire: All? Part? 16b. Date Acquired: _____

16c. Name of Business Acquired: _____

16d. Unemployment Account Number of Business Acquired: _____

16e. Number of employees retained from former owner: None All Some How many? _____

16f. How was the business acquired? (check one) Purchase Merger Franchise Entity Change
 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. If more than ONE location, attach a list specifying each location with the STREET ADDRESS, CITY and THE NUMBER OF WORKERS AT EACH LOCATION.

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.

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 REPORTS	PERSON/SERVICE THAT COMPLETES SEPARATION FORMS AND WAGE REQUESTS
EMAIL	EMAIL	EMAIL

20. SIGNATURE OF OWNER, PARTNER, OFFICER OF CORP., OR HEAD OF HOUSEHOLD _____ TITLE _____ DATE _____