

**STATUS REPORT C-1 (12/08)**

**COMPLETE BOTH PAGES OF THIS FORM, AND RETURN WITHIN 10 DAYS  
 OR GO TO "EMPLOYER APPLICATIONS" ON THE LEFT 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)			

7A. FIRST DATE OF EMPLOYMENT IN VERMONT: \_\_\_\_\_ DATE FIRST WAGES PAID IN VERMONT: \_\_\_\_\_

7B. HAS YOUR ORGANIZATION PAID FEDERAL UNEMPLOYMENT TAX 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 YEAR 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 2009 - ENTER NUMBER OF WORKERS IN EACH WEEK													ENTER QUARTERLY GROSS WAGES PAID
4-Jan	11-Jan	18-Jan	25-Jan	1-Feb	8-Feb	15-Feb	22-Feb	1-Mar	8-Mar	15-Mar	22-Mar	29-Mar	
5-Apr	12-Apr	19-Apr	26-Apr	3-May	10-May	17-May	24-May	31-May	7-Jun	14-Jun	21-Jun	28-Jun	
5-Jul	12-Jul	19-Jul	26-Jul	2-Aug	9-Aug	16-Aug	23-Aug	30-Aug	6-Sep	13-Sep	20-Sep	27-Sep	
4-Oct	11-Oct	18-Oct	25-Oct	1-Nov	8-Nov	15-Nov	22-Nov	29-Nov	6-Dec	13-Dec	20-Dec	27-Dec	

CALENDAR YEAR 2008													ENTER QUARTERLY GROSS WAGES PAID
6-Jan	13-Jan	20-Jan	27-Jan	3-Feb	10-Feb	17-Feb	24-Feb	2-Mar	9-Mar	16-Mar	23-Mar	30-Mar	
6-Apr	13-Apr	20-Apr	27-Apr	4-May	11-May	18-May	25-May	1-Jun	8-Jun	15-Jun	22-Jun	29-Jun	
6-Jul	13-Jul	20-Jul	27-Jul	3-Aug	10-Aug	17-Aug	24-Aug	31-Aug	7-Sep	14-Sep	21-Sep	28-Sep	
5-Oct	12-Oct	19-Oct	26-Oct	2-Nov	9-Nov	16-Nov	23-Nov	30-Nov	7-Dec	14-Dec	21-Dec	28-Dec	

8. VERMONT PHYSICAL LOCATION WHERE SERVICES ARE PERFORMED										STREET (NOT RFD OR P.O. BOX #)				TELEPHONE NUMBER							
CITY										STATE				ZIP CODE				FAX NUMBER			

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"/>		<input type="checkbox"/> MAIL		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					

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 ACCT. 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 UNDER THIS BUSINESS OR ANY OTHER LEGAL BUSINESS ENTITY?

YES  NO IF YES, COMPLETE QUESTION 13.

### MULTISTATE WORKERS

**EMPLOYEE(S) THAT WORK IN ANOTHER STATE FOR YOU IMMEDIATELY BEFORE WORKING IN VERMONT, MAY BE EXEMPT FROM VERMONT UNEMPLOYMENT COVERAGE. TO LEARN MORE, GO TO [WWW.LABOR.VT.GOV](http://WWW.LABOR.VT.GOV) AND LOOK FOR "LOCALIZATION" UNDER "RELATED LINKS" ON OUR "BUSINESS" PAGE, UNDER "UNEMPLOYMENT TAX AND BENEFIT INFORMATION."**

### 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) 828-4344 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.  
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.

15. PERSON IN POSSESSION OF PAYROLL RECORDS

TITLE

PHONE

FAX

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

TITLE

DATE