

STATUS REPORT C-1 (01/12)

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

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 2012 - 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	3-Mar	10-Mar	17-Mar	24-Mar	31-Mar		
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 2011 - ENTER NUMBER OF WORKERS IN EACH WEEK													ENTER QUARTERLY GROSS WAGES PAID	
1-Jan	8-Jan	15-Jan	22-Jan	29-Jan	5-Feb	12-Feb	19-Feb	26-Feb	5-Mar	12-Mar	19-Mar	26-Mar		
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		
2-Jul	9-Jul	16-Jul	23-Jul	30-Jul	6-Aug	13-Aug	20-Aug	27-Aug	3-Sep	10-Sep	17-Sep	24-Sep		
1-Oct	8-Oct	15-Oct	22-Oct	29-Oct	5-Nov	12-Nov	19-Nov	26-Nov	3-Dec	10-Dec	17-Dec	24-Dec		

DEPARTMENT USE ONLY

STATUS NAICS	COUNTY	TOWN	LMI NAICS	LIABLE <input type="checkbox"/> NO <input type="checkbox"/> YES	REPORTS DUE <input type="checkbox"/> ONE	EXAMINED BY	DATE
				LIABLE ESTAB	IN UC <input type="checkbox"/>	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 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES - complete items 11A-11F and 12 <input type="checkbox"/> NO, GO TO ITEM 12 DID YOU INCORPORATE YOUR VERMONT PROPRIETORSHIP OR PARTNERSHIP? <input type="checkbox"/> YES - Account No.: _____ If YES, Complete items 11A-11F <input type="checkbox"/> NO - Go to item 12			
11A. DID YOU ACQUIRE <input type="checkbox"/> ALL? <input type="checkbox"/> PART 11B. DATE ACQUIRED _____			
11C. UNEMPLOYMENT ACCOUNT NUMBER OF BUSINESS ACQUIRED _____			
11D. NAME OF BUSINESS ACQUIRED _____			
11E. NUMBER OF EMPLOYEES RETAINED FROM FORMER OWNER <input type="checkbox"/> NONE <input type="checkbox"/> SOME <input type="checkbox"/> ALL <input type="checkbox"/> HOW MANY? _____			
11F. HOW WAS BUSINESS ACQUIRED? (check one) <input type="checkbox"/> PURCHASE <input type="checkbox"/> MERGER <input type="checkbox"/> FRANCHISE <input type="checkbox"/> ENTITY CHANGE <input type="checkbox"/> PLEASE SPECIFY NATURE OF THE LEASE: _____			
12. HAVE YOU EVER HAD A VERMONT UNEMPLOYMENT ACCOUNT NUMBER FOR THIS BUSINESS OR ANY OTHER LEGAL BUSINESS ENTITY? <input type="checkbox"/> NO <input type="checkbox"/> YES 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/ 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