ATTN: EMPLOYER SERVICES P.O. BOX 488 MONTPELIER, VERMONT 05601-0488 TELEPHONE: 802-828-4344 FAX: 802-828-4248

VERMONT EMPLOYER NUMBER

INCOMPLETE FORMS WILL DELAY REGISTRATION.

COMPLETE BOTH PAGES OF THIS FORM, AND <u>RETURN WITHIN 10 DAYS</u>
OR GO TO "EMPLOYER APPLICATIONS" ON THE LEFT AT <u>WWW.LABOR.VERMONT.GOV</u>.

## YOU WILL BE INFORMED OF YOUR VERMONT UI LIABILITY

	1						1. FEDE	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-M	5A. E-MAIL ADDRESS/WEB ADDRESS												
						5B. TELEPHONE NUMBER						5C. FAX NUMBER							
6. TYPE OF ORGANIZATION (CHECK ONE) SOLE-PROPRIETORSHIP OR DOMESTIC PARTNERSHIP CO-OWNER (Husband/Wife or Civil Union Partners)  501 (c)(3) CORPORATION, MUST ATTACH IRS EXEMPTION ASSOCIATION TRUSTEE IN BANKRUPTCY LIMITED LIABILITY COMPANY (LLC/LLP/L3C) CORPORATION, SPECIFY STATE AND DATE OF INCORPORATION  6A. LIST BELOW THE OWNER(S), PARTNERS, MEMBERS/MANAGERS OR OFFICERS:																			
NAME	BELOW I	HE OWNER	(5), PARTI		SECURITY		TITLE	<b>K</b> 5:		HOME ADD	DESC (NO F	D O DO	VEC)						
INAIVIE				SOCIAL	SECURIT	NO.	111111111111111111111111111111111111111			HOIVIE ADD	IKESS (NO F	P.O. BO	/AES)						
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																			
TC. 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			1		1				1		1	1		ENTE	R QUAR	TERLY G	ROSS	WAGES	PAID
5-Jan 	12-Jan	19-Jan	26-Jan	2-Feb	9-Feb	16-Feb	23-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	-	_				
CALENDAR	YFAR 201	2 - ENTER	NUMBER (	) DE WORKE	RS IN FAC	 H WEEK		1		ļ			_	ENTE	Ŗ QUAR	TERLY 6	ROSS	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	31-1	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-Aua	11-Aua	18-Aua	25-Aua	1-Sep	8-Sen	15-Sep	22-Sen	29-5	Sen		-				
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		_				
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DEPARTMENT USE ONLY																			
STATUS N	IAICS	COUNT	ry To	WN LM	11 NAICS		LIABLE LIABLE	NO _	T AES	REPORTS	DUE	느	NO	NE E	XAMINE	υ BY		DAT	E
							ESTAB			IN UC			MA		ICKLE D	ATE			
LIAB CODE TYPE NEW ACS PREDECESSOR OR OLD NO. RATES																			
RTA, SAME NO. PARTIAL																			
☐ RTA, NEW NO. ☐ FULL, TRANSFER EXPERIENCE																			

8. VERMONT PHYSICAL LOCATION WHERE SERVICES ARE PER	TELEPHO	ONE NUMBER									
CITY	STATE	ZIF	CODE	FAX NUM	BER						
	····-		0022	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
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 N	NATURE OF ACTIVITY 13B. L	IST PRINCIPLE PRO	DUCT(S) OR	SERVICE(S),	IN ORDER OF						
IN VERMONT.	"	MPORTANCE.									
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.											
Agriculture, Forestry, Fishing & Hunting	Transportation & Warehousing			Educational Serv	vices						
Mining	Information		Π̈	Health Care & S	ocial Assistance						
Utilities	Finance & Insurance		H	Arts, Entertainm	ent & Recreation						
Construction	Real Estate & Rental & Leasing		=		& Food Services						
Manufacturing	Professional, Scientific & Technica	Services	H	Other Services (	Except Administrative)						
Wholesale Trade	Management of Companies & Ent		=	Public Administr							
l =	Retail Trade Administrative & Waste Services			T dollo / tallillioti	anon						
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 FOR MORE INFORMATION.											
14. ENTER THE NUMBER OF ESTABLISHMENTS THE ABOVE BUS	SINESS OPERATES IN VERMONT _		1 14 41 (	ONE leasting att	and a list annuit in a sand						
INCLUDE: Home(s) of personnel, when the company does not ha	ive an office or worksite in Vermont.				ach a list specifying each DRESS, CITY AND THE						
EXCLUDE: Locations that are temporary (exist less than 1 year) or are not staffed on a regular basis.  NUMBER OF WORKERS AT EACH LOCATION.											
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.											
UI General Contact*	UI Tax Contact		U	II Benefit C	ontact						
INTERNAL contact if other contacts fail:	Person/Service that completes UI	Tay Returns	Derson/Sorvice	ne that comple	etes separations/wage						
·	Tax Returns	requests	ce mai comple	etes separations/wage							
E-MAIL*:		E-MAIL:									
* REQUIRED											
16. SIGNATURE OF OWNER, PARTNER, OFFICER OF CORP., OR	HEAD OF HOUSEHOLD	TITLE			DATE						