



You are subject to the CT and Federal Unemployment Tax if (a) during any calendar quarter of the current or preceding year you paid wages totaling \$1,500 or more, or (b) you had, during the current or preceding calendar year, one or more employees at any time in each of 20 calendar weeks.

13. Were you required to file the EMPLOYER'S FEDERAL UNEMPLOYMENT TAX RETURN Treasury Form 940 for any part of the preceding three completed calendar years? YES  NO  If "yes", indicate the years: \_\_\_\_\_
14. As of the date of this application, have you met the liability requirements for this current calendar year? YES  NO  If NO, please complete 15 and 16:
15. **If you have engaged employees and anticipate meeting the liability requirements in this calendar year you will be subject as of the first date you engaged employees. However, a Connecticut registration number can not be issued until you actually meet the liability requirements, unless you voluntarily accept coverage. Do you wish to accept coverage at this time?** YES  NO
16. **If you have engaged employees and do NOT meet the liability requirements in this calendar year, but anticipate meeting the liability requirements next year, you will be subject commencing January 1. However, a Connecticut registration number can not be issued until you actually meet the liability requirements, unless you voluntarily accept coverage commencing January 1. Do you wish to accept coverage?** YES  NO
17. List below the gross wages paid to individuals in your employ in Connecticut. Include FULL and PART-TIME employees and OFFICERS, if a corporation. See UC-1A Instructions for the definition of gross wages.

	1 <sup>st</sup> Quarter (Jan. 1 – Mar 31)	2 <sup>nd</sup> Quarter (Apr. 1 – June 30)	3 <sup>rd</sup> Quarter (July 1 – Sept. 30)	4 <sup>th</sup> Quarter (Oct. 1 – Dec. 31)
Current Year _____	\$ _____	\$ _____	\$ _____	\$ _____
Prior Year 1 _____	\$ _____	\$ _____	\$ _____	\$ _____
Prior Year 2 _____	\$ _____	\$ _____	\$ _____	\$ _____

Note: For Domestic (Household)  and Agricultural  please check box and list only cash wages above

18. **AGRICULTURAL EMPLOYERS** – Did you employ 10 or more agricultural workers (excluding aliens admitted to the United States pursuant to Sections 214 (c) and 101 (a)(15)(H) of the Immigration and Nationality Act) for some portion of a day during any 20 calendar weeks, not necessarily consecutive, in either the preceding or current calendar year?  
 YES  NO  If "Yes", list the week-ending date when the 20<sup>th</sup> week of employment was (or will be) met \_\_\_\_\_  
 Did or will you pay cash wages of \$20,000, or more in any calendar quarter of the preceding or current calendar year?  
 YES  NO
19. **DOMESTIC EMPLOYERS:** Did or will you pay cash wages of \$1,000, or more in any calendar quarter in either the preceding or current year? YES  NO
20. Do you have individuals performing services that you believe to be excluded from coverage or whom you believe to be independent contractors? YES  NO   
 If "Yes" explain below. (Attach separate sheet if necessary).  
 \_\_\_\_\_  
 \_\_\_\_\_

21. Bank Name: \_\_\_\_\_  
 Address and Account Number: \_\_\_\_\_
22. Name of accountant and/or payroll service, if any: \_\_\_\_\_  
 Address and Telephone Number: \_\_\_\_\_
23. Please enter the total number of employees paid wages in Connecticut during the pay period which includes the 12<sup>th</sup> day of each month in the first quarter you reported employment? 1st Mo. \_\_\_\_\_ 2<sup>nd</sup> Mo. \_\_\_\_\_ 3<sup>rd</sup> Mo. \_\_\_\_\_

**THIS FORM MUST BE SIGNED BY THE OWNER, A PARTNER, CORPORATE OFFICER, OR AN AUTHORIZED EMPLOYEE. ALL OTHERS MUST PROVIDE DOCUMENTATION OF AUTHORIZATION (I.E., POWER OF ATTORNEY).**

I certify that the information in this report is true and correct.

By \_\_\_\_\_  
 (Signature)

Prepared By \_\_\_\_\_  
 (Signature)

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_ Tel. Number \_\_\_\_\_