

EMPLOYER STATUS REPORT For UNEMPLOYMENT COMPENSATION

Opportunity • Guidance • Support



RETURN COMPLETED FORM TO:

**EMPLOYER STATUS UNIT
200 FOLLY BROOK BLVD.
WETHERSFIELD, CT 06109-1114**

TEL. NO. (860) 263-6550 FAX (860) 263-6567

Registration Number:

For Office Use Only

Status _____
Rate(s) _____
Quarter(s) _____
Date Rec'd _____

ABC	Over 6	Lag Date
IC	Under 6	_____
5	6	Fund Code
Typed	2ps	_____
Other	_____	
Predecessor Reg. No.:		

FOR NON-PROFIT - 501 (C) (3) EMPLOYER

FORM IS TO BE TYPED OR PRINTED IN INK. IF ADDITIONAL SPACE IS REQUIRED, PLEASE ATTACH EXTRA SHEET. INDICATE COMPANY NAME AT THE TOP OF SHEET AND INCLUDE RESPECTIVE ITEM NUMBER WITH RESPONSE.

1. Federal Identification Number _____ Tel. No. () _____ Email Address: _____

2. Business or Trade Name _____

3. Name of Owner, Partners, or Corporate name, if other than above _____

4. Mailing address _____
 Number Street or P.O. Box City State Zip Code

5. List Connecticut business locations, if different from above. If mailing address is P.O. Box, please give the physical location of business _____

6. Are you a nonprofit organization exempt from federal income tax under Section 501(c) (3) of the Internal Revenue Code?
 Yes No If yes, a copy of your Exemption Letter from the IRS must accompany this report. If applied for and waiting for determination, check here . If no, do not complete this form; instead, request Form UC-1A from this office.

6a. Non-profit organizations, determined to be liable, have the option of reimbursing the Connecticut Unemployment Compensation Fund for unemployment compensation benefits paid former employees, or paying the regular State Unemployment Compensation Tax. Please indicate Your option below.
 Reimbursement of benefits paid method Regular quarterly tax method

7. Describe the function of the organization. BE SPECIFIC.
 Health _____
 Educational _____
 Charitable _____
 Other _____

8. Structure of organization Corporation Other (explain fully) _____

<u>Names of Officers or Directors</u>	<u>Soc. Sec. Nos.</u>	<u>Titles</u>	<u>Home Addresses</u>
_____	_____	_____	_____
_____	_____	_____	_____

10. When did you first engage employees in Connecticut under the present type of organization? _____ Mo. Day Yr.

11. Did this organization succeed another? Yes No
 If yes, list previous employer _____

Was the previous employer subject to Conn. Unemployment Compensation Law? Yes No _____ Employer Number

Will the previous employer remain active? Yes No

- 12a. Were you a Connecticut employer in any part of any 13 weeks in any one of the three (3) preceding calendar years? If "yes", indicate the years: _____
- 12b. Will you be a Connecticut employer in any part of 13 weeks within the current calendar year or the next calendar year?
 YES NO Indicate year _____
13. List below the number of individuals in your employ in Connecticut within each calendar week. Include FULL and PART-TIME employees and PAID corporate officers and directors. Also list TOTAL WAGES paid in each quarter.

RECORD OF CONNECTICUT EMPLOYMENT IN CURRENT CALENDAR YEAR _____

Year _____	January				February				March				April				May				June			
Week Ending																								
Number Employed																								
Year _____	July				August				September				October				November				December			
Week Ending																								
Number Employed																								
TOTAL WAGES	1 ST Qtr \$ _____				2 ND Qtr \$ _____				3 RD Qtr \$ _____				4 TH Qtr \$ _____											

RECORD OF CONNECTICUT EMPLOYMENT IN PRECEDING CALENDAR YEAR _____

Year _____	January				February				March				April				May				June			
Week Ending																								
Number Employed																								
Year _____	July				August				September				October				November				December			
Week Ending																								
Number Employed																								
TOTAL WAGES	1 ST Qtr \$ _____				2 ND Qtr \$ _____				3 RD Qtr \$ _____				4 TH Qtr \$ _____											

RECORD OF CONNECTICUT EMPLOYMENT IN PRECEDING CALENDAR YEAR _____

Year _____	January				February				March				April				May				June			
Week Ending																								
Number Employed																								
Year _____	July				August				September				October				November				December			
Week Ending																								
Number Employed																								
TOTAL WAGES	1 ST Qtr \$ _____				2 ND Qtr \$ _____				3 RD Qtr \$ _____				4 TH Qtr \$ _____											

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

By _____
 (Signature)

Prepared By _____
 (Signature)

Print Name _____

Print Name _____

Title _____

Address _____

Telephone Number _____

Title _____ Tel. Number _____