

**EMPLOYER STATUS REPORT
For UNEMPLOYMENT COMPENSATION**



RETURN COMPLETED FORM TO:

**EMPLOYER STATUS UNIT
200 FOLLY BROOK BLVD.
WETHERSFIELD, CT 06109-1114**
TEL. NO. (860) 263-6550 FAX (860) 263-6567

ABC	Over 6	Lag Date
IC	Under 6	_____
666		148
151		713
Other	_____	
Predecessor Reg. No.: _____		

Registration

Number: _____

For Office Use Only

Status _____

Rate(s) _____

Quarter(s) _____

Date Rec'd _____

FORM IS TO BE TYPED OR PRINTED IN INK

*PLEASE COMPLETE AND RETURN THIS FORM EVEN THOUGH YOU MAY NOT BE SUBJECT TO THE CONNECTICUT UNEMPLOYMENT COMPENSATION LAW. *501(C)(3) NON-PROFIT ORGANIZATIONS SHOULD REQUEST FORM UC-1NP. THE STATE OF CONNECTICUT OR ITS MUNICIPALITIES SHOULD REQUEST FORM UC-1MUN.*

1. Federal Identification Number _____ Tel. No. () _____ Fax No. () _____

2. Business or Trade Name _____

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

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

5. List all Connecticut business locations, if different from above. If mailing address is P.O. Box, please give the physical location of business. Attach a separate sheet if necessary. If only a salesman in Connecticut, please indicate salesman's home address.

6a. Describe the exact nature of the business. If construction, state the type. If manufacturing, list the principal products sold and their percent of the total. If trade, state whether retail or wholesaler and list the type of products sold. If employer of HOUSEHOLD help, so indicate.

6b. State function of the Connecticut facility (i.e., headquarters, research facilities, etc.) _____

7a. Under what type of business organization do you operate? (Check one of the following)
 Individual / Sole Proprietorship Partnership Corporation Other _____
LIMITED LIABILITY COMPANIES: LLC – Sole Proprietor LLC - Partnership LLC – Corporation

7b. Corporations complete this item:
 State in which Incorporated: _____ Date of Incorporation: _____
 MM / DD / YY

8. List proprietor, partners, corporation officers, or members of a L.L.C. (Attach a separate sheet if necessary):

Name	SS #	Title	Home Address – including Zip Code (Not a P.O. Box)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. When did you first engage employees working in Connecticut under your present type of organization? _____
 Note: Officers of a corporation are considered employees for unemployment purposes. MM / DD / YY

10. Did you acquire ALL or PART of the employees, or assets, or organization, or trade and business in Connecticut of some other employer?
 Note: Acquisition can be facilitated by a third party such as a bank or court. Yes No If Yes, All Part
 If only part, describe what part was acquired: _____ Date Acquired _____
 What part was not acquired? _____ MM / DD / YY
 Is your business owned by the same interests as the predecessor? Yes No

11. If the answer to Item 10 is "Yes", complete the following:
 1. Previous Employer's Trade Name _____
 2. Name and address of previous proprietor, partner, or corporation officer _____
 3. Was the previous employer subject to Connecticut Unemployment Compensation Law? Yes No
 Previous registration number _____
 4. Will the previous employer remain in business in Connecticut? Yes No

12. Were you previously or are you now registered as an employer with the Connecticut Labor Department?
 Yes No If "Yes", indicate registration number _____

13a. 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: _____

13b. Will you be required to file Form 940 in this current calendar year or next calendar year? YES NO

Indicate year _____

You are subject to the Federal Unemployment Tax if (a) during any calendar quarter of the current or preceding calendar 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 the 20 calendar weeks.

If subject to the Federal Unemployment Act, you are then automatically subject to the Unemployment Law of the State of Connecticut.

14. 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 st Quarter (Jan. 1 – Mar 31)	2 nd Quarter (Apr. 1 – June 30)	3 rd Quarter (July 1 – Sept. 30)	4 th 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

15a. Did or will you have one or more employees, either full or part-time for some portion of a day in twenty calendar weeks, not necessarily consecutive, in either the preceding or current calendar year? YES NO If "Yes", list the week-ending date when the 20th week of employment was (or will be) met _____.

15b. 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 20th 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

15c. 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

16. Do you have individuals performing services whom 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).

17. Bank Name: _____

Address and Account Number: _____

18. Name of accountant and/or payroll service, if any: _____

Address and Telephone Number: _____

19. Please enter the total number of employees paid wages in Connecticut during the pay period which includes the 12th day of each month in the first quarter you reported employment? 1st Mo. _____ 2nd Mo. _____ 3rd 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 _____