

**THIS REPORT IS REQUIRED OF EVERY EMPLOYING UNIT AND WILL BE USED TO DETERMINE LIABILITY UNDER THE NORTH CAROLINA EMPLOYMENT SECURITY LAW, GENERAL STATUTE 96 AND DIVISION REGULATIONS.**

**Employer Status Report**

**Please Read Instructions!**

NC Dept. of Commerce  
 Division of Employment Security  
 Post Office Box 26504  
 Raleigh, N.C. 27611-6504

**Please Type or Print in Black Ink  
 or File Online [des.nc.gov](http://des.nc.gov)  
 Return Within 10 Days**

<b>For Agency Use Only:</b>				Account No.			Liabile Y N	A/C/AS
Root	OW/OF	S Add	ET AL	S/PR	BR	Liab Date		
Del After			Law Sec		M/W	County	ERA	Own
Curr	P1	P2	P3		P4	P5	Next	
Orig	Ind Ctr	React Date			L Let	St Adj	TA	
PC Let								

- Federal ID number: \_\_\_\_\_
- N.C. Dept. of Revenue withholding ID number: \_\_\_\_\_
- Enter any previously assigned North Carolina unemployment tax numbers: \_\_\_\_\_
- Employer name: \_\_\_\_\_  
*Enter exact name of legal entity – for further details see instructions)*
- Trade name: \_\_\_\_\_
- Mailing address: \_\_\_\_\_  
*Street or P.O. Box City State Zip Code*
- Phone number: (\_\_\_\_\_) \_\_\_\_\_
- FAX number: (\_\_\_\_\_) \_\_\_\_\_
- Contact person: \_\_\_\_\_ Title \_\_\_\_\_  
 Phone number: (\_\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_
- N.C. business location: \_\_\_\_\_ Number of Employees expected in the next 12 months: \_\_\_\_\_  
*Street (Do not use a post office box) N.C.*

City Zip Code County  
*(Attach a list of ALL NC locations, if there is no NC business location, enter the primary employee’s home address)*

- Check type of ownership:
 

<input type="checkbox"/> Individual	<input type="checkbox"/> Sub-Chapter S Corporation	<input type="checkbox"/> LLC taxed as Individual
<input type="checkbox"/> General Partnership	<input type="checkbox"/> 501(c)(3) - Attach a copy	<input type="checkbox"/> LLC taxed as Partnership
<input type="checkbox"/> Corporation	<input type="checkbox"/> Governmental	<input type="checkbox"/> LLC taxed as Corporation
<input type="checkbox"/> Limited Partnership - Attach a list of ALL General Partners	<input type="checkbox"/> Indian Tribal Governments/Enterprises	<input type="checkbox"/> Disregarded Entity
	<input type="checkbox"/> Other: _____	
- Enter the principal activity or services performed in your North Carolina operation: \_\_\_\_\_
- If you are part of a larger organization and are primarily engaged in providing support services to that organization, check one of the following:
 

<input type="checkbox"/> Control, Administrative (Headquarters, etc.)	<input type="checkbox"/> Storage/Warehouse
<input type="checkbox"/> Research, Development or Testing	<input type="checkbox"/> Other _____

14. Enter date you first employed one or more workers in North Carolina: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 MM DD YYYY

***For Items 15 through 20, check only the ONE item that applies***

- GENERAL EMPLOYERS:
  - Have you or will you have a quarterly payroll of \$1,500 or more?  Yes  No \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 If yes, enter the date this occurred or will occur. MM DD YYYY
  - Have you or will you employ at least one worker in 20 different calendar weeks during a calendar year?  Yes  No \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 If yes, enter the date this first occurred or will occur. MM DD YYYY
- Are you an EMPLOYEE LEASING company?  Yes  No
- AGRICULTURAL EMPLOYERS:
  - Have you or will you have a quarterly payroll of \$20,000 or more?  Yes  No \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 If yes, enter the date this occurred or will occur. MM DD YYYY
  - Have you or will you employ at least 10 workers in 20 different calendar weeks during a calendar year?  Yes  No \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 If yes, enter the date this first occurred or will occur. MM DD YYYY

18. DOMESTIC EMPLOYERS:

Have you or will you pay \$1,000 or more in a calendar quarter for domestic service in a private home, college club, fraternity or sorority? If yes, enter the date this occurred or will occur.  Yes  No MM / DD / YYYY

19. NON-PROFIT ORGANIZATIONS: (Attach a copy of Federal Letter of Exemption under Section 501(c)(3) of the Internal Revenue Code.)

Have you or will you employ four or more workers in 20 different calendar weeks during a calendar year? If yes, enter the date this occurred or will occur.  Yes  No MM / DD / YYYY

20. GOVERNMENTAL ENTITY: (check one type below)

Federal  State  Local  Other: \_\_\_\_\_

21. If you are not otherwise subject to the unemployment tax law under one of the preceding criteria (Items 15-20), do you wish to voluntarily cover your employees for unemployment insurance?  Yes  No

22. Have you ever paid Federal Unemployment Tax (FUTA)?  Yes  No  
If yes, for what year(s)? \_\_\_\_\_

23. If you have acquired, transferred assets or merged with another business, or made any other changes in the ownership of the business, including changes, such as from a sole proprietorship to a corporation or a partnership, complete the following:

- a. Name of Former Owner: \_\_\_\_\_  
(Full Organizational Name, including Trade Name)
- b. Former Owner's N.C. UI Tax Number: \_\_\_\_\_
- c. Former Owner's Address: \_\_\_\_\_  
Street or P.O. Box City State Zip Code
- d. On what date did you acquire or change the business? MM / DD / YYYY
- e. Did you acquire all or a portion of the former owner's North Carolina business?  All  Portion (Specify) % \_\_\_\_\_
- f. Was the business in operation at the time you acquired it?  Yes  No Date Closed MM / DD / YYYY
- g. Was the business in bankruptcy at the time you acquired it?  Yes  No
- h. Does the former owner continue to have employees in North Carolina?  Yes  No

24. Do you have workers who perform services for your business whom you consider to be self-employed or independent contractors? If yes, see instructions for list to be attached.  Yes  No

25. List owners (parent corporation, sole proprietor, ALL general partners, principal corporate officers, or members.) Attach a list of those for which there is no space below.

_____	_____	_____	_____	_____
First Name	Middle Name	Last Name	Title	SSN or FEIN
_____	_____	_____	_____	_____
Street or P.O. Box	_____	City	State	Zip Code
_____	_____	_____	_____	_____
Street or P.O. Box	_____	City	State	Zip Code
_____	_____	_____	_____	_____
Street or P.O. Box	_____	City	State	Zip Code

**Be Sure That All Applicable Items Are Completed Before Signing**

I certify that the information entered on this form is true and accurate, and that I am authorized by the named employing unit to complete this report for determining unemployment tax liability.

Signature \_\_\_\_\_ Title \_\_\_\_\_ MM / DD / YYYY