

State Employer Registration Form

Please Type or Print in Black Ink or File Online in NCSUITS
Return Within 10 Days to
 NC Dept. of Commerce Division of Employment Security
 Post Office Box 26504
 Raleigh, N.C. 27611-6504

For Agency Use Only:				Account No.			Liab 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								

Section 1 Contact Detail

Contact Type: Job Title:
 First Name: Last Name:
 Country:
 Address Line 1: Address Line 2:
 ZIP/Postal Code: County:
 City: State:
 Telephone Number: Alternate Telephone Number:
 FAX Number:
 Email Address: Confirm Email Address:

Section 2 Initial Questions

- Federal Employer Identification Number (FEIN):
 Please do not put your SSN. Please provide your FEIN. If you need to obtain a FEIN, go to www.irs.gov.
- Have you paid or do you anticipate paying wages to individuals, including corporate officers, for services performed in North Carolina? Yes No If yes, go to section 4. If no, go to question 3)
- Are you registering this account for compliance (ABCC, Contractors, Logging or Lottery licenses) reason?
 Yes No If answer is "no", read below.

You cannot register if you are not registering this account for compliance reason. Please stop here!

- Enter the date work was first performed in the North Carolina:
- Enter the date covered wages were or will be first paid in North Carolina:
- How many people are currently being/will be paid for work performed in the North Carolina?
- Type of Employment: check only the ONE item that applies
 - General**
 - Is the business liable under FUTA in North Carolina?
 Yes No If yes, Enter the year upi started paying FUTA.
 - Have you or do you expect to have a quarterly gross payroll of \$1,500.00 or more in any quarter of the calendar year or any preceding calendar years? Yes No If yes, enter the date the business first paid/will pay.
 - Have you or do you expect to employ at least one worker in 20 different calendar weeks during the calendar year?
 Yes No If yes, enter the date you reached/will reach the first 20th week.
 - Agricultural**
 - Is the business liable under FUTA in North Carolina?
 Yes No If yes, enter the year you started paying
 - During any calendar quarter of the current or preceding year, have you or will you pay gross payroll of \$20,000 or more to individuals performing agricultural work?
 Yes No If yes, enter the date you first paid/will pay
 - Have you or will you employ at any time 10 or more individuals for a portion of a day in any 20 weeks in the current or any preceding calendar years
 Yes No If yes, enter the date week the business reached the 20th week

C. **Household Domestic**

C1. Is the business liable under FUTA in North Carolina?

Yes No If yes, enter the year you started paying

C2. Have you or do you as an individual or local college club, college fraternity or sorority expect to have a \$1,000.00 or more quarterly gross payroll of domestic workers (housekeepers, baby sitters, etc.) in any quarter of the calendar year or any preceding calendar years?

Yes No If yes, enter the date the domestic employer first paid/will pay

C3. As a domestic employer you can choose to file Unemployment Insurance reports quarterly or annually. Which filing method would you like to use? Quarterly or Annually.

Is the business waiting for or currently holding a 501(c)3 exemption letter?

If Yes, answer questions 1 & 2.

D. **501(c)3**

If No, answer Type of Employment: A. General questions 1, 2, & 3

(If you do not have 501(c)3 document, then system will setup your account as General/Corporation. You can submit 501(c)3 document and convert your account type to non-profit.)

D1. Is the business liable under FUTA in North Carolina?

Yes No If yes, enter the year you started paying

D2. Have you or do you expect to employ (4 or more employees) includes employees outside the state of NC (at least one in NC) in twenty (20) different calendar weeks during current or any preceding calendar years?

Yes No If yes, enter the date you reached or will reach the 20th week (The 20 weeks need not be consecutive, but must be within the same calendar year.)

E. **Governmental**

F. **Indian Tribe**

G. **Employee Leasing**

Section 3 Business Information

8. **Business Entity Type:**

C Corporation	General Partnership	Limited Partnership	LLC - C Corporation
LLC Partnership	S Corporation	LLC - S Corporation	Proprietorship
LLC - Proprietorship	Trusts/Estates	Other Non-Profit	

9. Legal Entity Name:

Trade or Doing Business As (DBA) Name:

10. Department of Revenue Number:

Please do not enter LLC, Inc., Ltd in Trade or Doing Business As (DBA)

Section 4 Formation/Incorporation Information

11. Enter the date when the business was formed or incorporated:

12. Where was the business formed or incorporated?

13. Do you wish to voluntarily elect to pay unemployment tax? Yes No If Yes,

13A. How many months have you been operating in North Carolina?

13B. What is your major source of funding?

13C. Usual number of employees in a year?

13D. Personnel losses in the last 12 months?

13E. Personnel gains in the last 12 months?

13F. Why do you wish to become a covered employer?

Section 5 Preferred Method of Communication

Cell Text US Mail Note: Electronic correspondence is only available in English at this time.

Section 6 Additional Business Information

14. Is this business registering because the FEIN has changed?

Yes No If Yes, please enter the old FEIN

15. Is this business registering because of an acquisition, merger, entity change or consolidation with another business or businesses operating in the State?

16. How many business locations are currently operating in the State?

Section 7 Business Address

17. Enter the street address of the location in the State where the work was or is performed. The address cannot be a Post Office box.

This is an employee home address.

Country:

Address Line 1:

ZIP/Postal Code:

City:

Telephone Number:

Address Line 2:

County:

State:

Fax Number:

18. Enter the legal address of the business. This is the address registered with the secretary of state.

Country:

Address Line 1:

ZIP/Postal Code:

City:

Telephone Number:

Address Line 2:

County:

State:

Fax Number:

Section 8 NAICS Classification

19. Please describe in detail the main business activities, products, goods, or services that generate the most revenue for your business in North Carolina. Specify the product manufactured and/or sold, or the type of service performed.

Section 9 Ownership Information

20. You must provide information about all owners of the business or at least three (3) officers.

Owner Type:

First Name:

Last Name:

Job Title:

Percent of Ownership:

Date of Ownership:

Country:

Address Line 1:

ZIP/Postal Code:

City:

Telephone Number:

Email Address:

Middle Initial:

SSN/ITIN:

Please do not put your FEIN. Please provide your SSN.

Is the owner or officer compensated for their services?

Yes No

End Date of Ownership:

Address Line 2:

County:

State:

Fax Number:

Confirm Email Address:

Owner Type:

First Name:

Last Name:

Job Title:

Percent of Ownership:

Date of Ownership:

Country:

Address Line 1:

ZIP/Postal Code:

City:

Telephone Number:

Email Address:

Middle Initial:

SSN/ITIN:

Please do not put your FEIN. Please provide your SSN.

Is the owner or officer compensated for their services?

Yes No

End Date of Ownership:

Address Line 2:

County:

State:

Fax Number:

Confirm Email Address:

Section 10 Business Transfer

21. What was the transfer type? Purchased, assumed, acquired, or merged with another business, or have a change in organization (successor)

Section 11 Predecessor Details

22. Type of Acquisition**Partial/Full Questions**

Is there common ownership, management, or control between these two entities? Yes No

Date the acquisition became final:

Predecessor FEIN:

Predecessor N.C. Division of Employment Security Employer ID:

Additional Partial Questions

Percentage of business assumed/acquired:

How many employees were transferred to the Successor during the acquisition?

How many employees were retained by the Predecessor after the acquisition?

Does the former owner/operator continue to have payroll or employees in NORTH CAROLINA? Yes No

Section 12 Transfer Type

23. Check all that apply concerning the merger, acquisition, or other change in ownership of the business:

Bankruptcy sale	Lease of business to new business	Management contract
Merger or consolidation	Purchase assets of business	Receivership
Reorganization	Repossession	Sale of business to new business
Sale of corporate stock	Transfer of trade or business	Transfer of workforce (employees)
Cancellation of lease	Foreclosure	
Inheritance	Other. Please explain:	

Job Title:

First Name:

Last Name:

Country:

Address Line 1:

Address Line 2:

ZIP/Postal Code:

County:

City:

State:

Email:

Confirm Email Address:

Telephone Number:

Alternate Telephone Number:

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:

Date: