

NCUI 604 CHANGE DOCUMENTATION

AS THE RESULT OF CONTACT WITH THE EMPLOYER OR AUTHORIZED REPRESENTATIVE, THE FOLLOWING IS DIVISION DOCUMENTATION OF CHANGES TO ENTRIES ON THE FORM NCUI 604:

For Agency Use Only:				Account No.			Liable <input type="checkbox"/> Y <input type="checkbox"/> 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									

Contact Person Name _____

Title _____ Telephone Number (____) _____

Business Name _____

Contact Method Telephone Letter Other _____

Status Adjudicator/Tax Auditor _____ Date _____

1. Federal ID number: _____ 2. N.C. Dept. of Revenue withholding ID number: _____

3. Any previously assigned North Carolina unemployment tax numbers: _____

4. Employer name: _____

5. Trade name: _____

6. Mailing address: _____
 Street or P.O. Box _____ City _____ State _____ Zip Code _____

7. Phone number: (____) _____ 8. FAX number: (____) _____

9. Contact person: _____ Title _____

Phone number: (____) _____ E-mail Address: _____

10. 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 _____

11. Check type of ownership: Individual Sub-Chapter S Corporation LLC taxed as Individual
 General Partnership 501 (c)(3) LLC taxed as Partnership
 Corporation Governmental LLC taxed as Corporation
 Limited Partnership LLC Indian Tribal Governments/Enterprises
 Disregarded Entity
 Other: _____

12. Enter the principal activity or services performed in North Carolina operation: _____

13. If the employer is part of a larger organization and is primarily engaged in providing support services to that organization, check one of the following:
 Control, Administrative (Headquarters, etc.) Storage/Warehouse
 Research, Development or Testing Other: _____

14. Date first employed one or more workers in North Carolina: _____ / _____ / _____
 MM DD YYYY

15. GENERAL EMPLOYERS:
 a. Quarterly payroll of \$1,500 or more? Yes No Date this first occurred or will occur _____ / _____ / _____
 MM DD YYYY
 a. At least one worker in 20 weeks? Yes No Date this first occurred or will occur _____ / _____ / _____

MM DD YYYY

16. EMPLOYEE LEASING company? Yes No

17. AGRICULTURAL EMPLOYERS:

a. Quarterly payroll of \$20,000 or more? Yes No Date this first occurred or will occur / /
MM DD YYYY

b. At least 10 workers in 20 weeks? Yes No Date this first occurred or will occur / /
MM DD YYYY

18. DOMESTIC EMPLOYERS:

Quarterly payroll of \$1,000 or more? Yes No Date this first occurred or will occur / /
MM DD YYYY

19. NON-PROFIT ORGANIZATIONS

Four or more workers in 20 weeks? Yes No Date this first occurred or will occur / /
MM DD YYYY

20. GOVERNMENTAL ENTITY: (check one type below)

Federal State Local Other: _____

21. Voluntary election of unemployment tax coverage? Yes No

22. Liable to the federal government for FUTA? Yes No

If yes, for what year(s)? _____

23. Acquired or merged with another business, or made any other changes in the ownership of the business:

a. Name of Former Owner. _____

b. Former Owner's N.C. UI Tax Number. _____

c. Former Owner's Address: _____
Street or P.O. Box City State Zip Code

d. Date business was acquired or changed? / /
MM DD YYYY

e. Acquired substantially all or a portion of the former owner's North Carolina business? All Portion

f. Was the business in operation at the time acquired? Yes No Date Closed / /
MM DD YYYY

g. Does the former owner continue to have employees in NC? Yes No

24. Does the employer have workers whom he considers to be self-employed or independent Contractors? Yes No

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

First Name	Middle Name	Last Name	Title	SSN
Street or P.O. Box		City	State	Zip Code () Phone
First Name	Middle Name	Last Name	Title	SSN
Street or P.O. Box		City	State	Zip Code () Phone
First Name	Middle Name	Last Name	Title	SSN
Street or P.O. Box		City	State	Zip Code () Phone

NOTES