

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

Section 1 Primary Contact Information

First Name:

Last Name:

Job Title:

If other, please explain:

Address Line 1:

Address Line 2:

ZIP/Postal Code: -

Country:

City:

County:

Telephone Number: () -

State:

FAX Number: () -

Alternate Telephone Number: () -

Email Address:

Section 2 Initial Questions

1. 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.

2. 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 Question 4. If no, go to question 3)

3. Are you applying for an Employer Account Number to post jobs with NC Works? Yes No

You cannot register if you are not registering this account for compliance reasons.

4. What is the date work was first performed in North Carolina?"

5. Enter the date covered wages were or will be first paid in North Carolina:

6. How many people are currently being/will be paid for work performed in the North Carolina?

7. Type of Employment: check the one item (A-G) that applies.

A. General

A1. Is the business liable under FUTA in North Carolina?

Yes No If yes, Enter the year you started paying FUTA.

A2. 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 a gross payroll of \$1,500.00 or more.

A3. 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 or will reach the 20th week for the first time with one or more workers.

B. Agricultural

B1. Is the business liable under FUTA in North Carolina?

Yes No If yes, enter the year you started paying.

B2. 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 gross payroll of \$20,000.00 or more.

B3. 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 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 \$1,000.00 or more in gross payroll.

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

D. **501(c)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. Have you or do you expect to employ at least four (4) workers in twenty (20) different calendar weeks during current or any preceding calendar year?

Yes No

Enter the date you reached or will reach the 20th week for the first time with four (4) or more workers. (The twenty (20) weeks need not be consecutive but must be within the same calendar year. The four (4) workers can be located anywhere within the United States and one (1) must be in North Carolina.)

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	S Corporation	LLC - S Corporation	Proprietorship
-Proprietorship	Trusts/Estates	Other Non-Profit	

9. Legal Entity Name:

Trade or Doing Business As (DBA) Name:

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

10. Department of Revenue Number:

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

Note: Electronic correspondence is only available in English at this time.

Choose only one method of communication and complete required information.

US Mail:

By choosing this method, correspondence will be mailed to the business mailing address provided on this form.

Email:

Email Address:

If you choose email correspondence you understand and acknowledge the following: When a document is issued electronically, this system will generate a courtesy email to registered users, which will include the name of the document available in your online account, the applicable appeal period (if any), and instruction on how to log into your online account to retrieve the document. The courtesy email notification shall constitute delivery of the document under state law. By selecting "email correspondence," you are acknowledging that you understand and agree that it is your responsibility to check your electronic correspondence online and follow all appeal timeframes. It is also your responsibility to ensure that the system-generated courtesy emails are not blocked by your spam filter.

Text

Cell Phone Number: () -

Note: Normal texting rates (if any) will apply.

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? Yes No If yes, complete section 10-12

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

17. Do you have workers who perform services for your business whom you consider to be self-employed or independent contractors or whom you issue a Form 1099?" Yes No If yes, please attach a list that includes names, addresses, telephone numbers and Social Security Number or Federal Employer Identification Number for all self-employed or independent contractors.

Section 7 Business Address

18. 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. If there is more than one location in the State where work was or is performed, attach a list that includes the location name and full address.

This is an employee home address.

Country:

Address Line 1:

Address Line 2:

ZIP/Postal Code: -

City:

Telephone Number: () -

County:

State: North Carolina

Fax Number: () -

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

Country:

Address Line 1:

Address Line 2:

ZIP/Postal Code: -

City:

Telephone Number: () -

County:

State:

Fax Number: () -

20. Enter the mailing address of the business.

Country:

Address Line1:

Address Line2:

ZIP/Postal Code: -

County:

City:

State:

Telephone Number: () -

Fax Number: () -

Section 8 NAICS Classification

21. 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

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

Owner Type:

First Name:

Middle Name:

SSN/ITIN:

If owner type is business, enter FEIN. If owner type is individual enter, enter SSN/ITIN.

Last Name:

Job Title:

If other, please explain:

Percent of Ownership:

Is the owner or officer compensated for their services? Yes No

Date of Ownership:

End Date of Ownership:

Country:

Address Line1:

Address Line2:

ZIP/Postal Code: -

County:

City:

State:

Telephone Number: () -

Fax Number: () -

Email Address:

Owner Type:

First Name:

Middle Name:

SSN/ITIN:

If owner type is business, enter FEIN. If owner type is individual enter, enter SSN/ITIN.

Last Name:

Job Title:

If other, please explain:

Percent of Ownership:

Is the owner or officer compensated for their services? Yes No

Date of Ownership:

End Date of Ownership:

Country:

Address Line1:

Address Line2:

ZIP/Postal Code: -

County:

City:

State:

Telephone Number: () -

Fax Number: () -

Email Address:

Owner Type:	First Name:
Middle Name:	SSN/ITIN:
Last Name:	<small>If owner type is business, enter FEIN. If owner type is individual enter, enter SSN/ITIN.</small>
Job Title:	If other, please explain:
Percent of Ownership:	Is the owner or officer compensated for their services? Yes No
Date of Ownership:	End Date of Ownership:
Country:	
Address Line1:	
Address Line2:	
ZIP/Postal Code: -	County:
City:	State:
Telephone Number: () -	Fax Number: () -
Email Address:	

Complete Sections 10-12 if Section 6, question 15 was answered yes

Section 10 Business Transfer Type

23. What was the transfer type?

Purchased, assumed, acquired, or merged with another North Carolina business, or have a change in organization(successor)

Section 11 Predecessor Details

24. **Type of Acquisition** **Select one** **Partial** **Total**

Acquisition Questions

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

Date the acquisition became final: Date last paid wages:

Predecessor FEIN: -

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

Predecessor Name:

Partial Acquisition 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

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

- | | |
|-----------------------------------|----------------------------------|
| Bankruptcy sale | Cancellation of lease |
| Foreclosure | Inheritance |
| 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) | |
| Other. Please explain: | |

Section 13 Contact Information for Predecessor

Enter the name of the person N.C. Division of Employment Security should contact with questions on this account.

Job Title:			
First Name:		Last Name:	
Country:			
Address Line1:			
Address Line2:			
ZIP/Postal Code:	-	County:	
City:		State:	
Email:			
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:
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