

New York State Employer Registration for Unemployment Insurance, Withholding, and Wage Reporting

For office use only:
U.I. Employer Registration No.

Return completed form (type or print in ink) to the
address above, or fax to (518) 485-8010, or apply online at www.labor.ny.gov.

Need Help? Call 1-888-899-8810

Do Not use this form to register a Nonprofit IRC 501 (c) (3), Agricultural, Governmental Employer, or Indian Tribe.
Call 1-888-899-8810 to request applicable form or visit www.labor.ny.gov.

Part A – Employer Information

- Type (check one): Business (complete parts A, B, D, and E)
 Household Employer of Domestic Services (complete A, C, D, and E-1)
- Legal Entity (check one – do not complete if household employer):
 Sole Proprietorship Partnership Corporation (includes Sub-Chapter S)
 Limited Liability Company (LLC) Limited Liability Partnership (LLP)
 Other (please describe): _____
- FEIN (Federal Employer Identification Number): -
- Phone No.: () -
- Fax No.: () -
- Legal Name of Business: _____
- Trade Name (doing business as), if any: _____
- Business E-mail: _____ 9. Website: _____

Part B – Liability Information

- Enter date of **first** operations in New York State: // (mm/dd/yyyy)
- Enter the date of the **first** payroll you withheld (or will withhold) NYS Income Tax from your employees' pay: // (mm/dd/yyyy)
- Do persons work for you whom you do not consider to be employees? Yes* No
*If yes, what services do they perform?

4. Are you registering for Unemployment Insurance? Yes No

• If yes, enter the first calendar quarter and the year you paid (or expect to pay) total remuneration of **\$300** or more. This includes every form of compensation, including payments to employees or to corporate and Sub-Chapter S officers for services.

Jan 1 – Mar 31 (1st) Apr 1 – Jun 30 (2nd) Jul 1 – Sep 30 (3rd) Oct 1 – Dec 31 (4th) Year

• If no, explain why you are not liable under the NYS Unemployment Insurance law.

5. Total number of covered employees: _____

6. Are you registering to remit withholding tax **only**? Yes No

7. Have you acquired the business of another employer liable for NYS Unemployment Insurance? Yes* No

*If Yes, did you acquire All or Part? Date of acquisition: //
(mm/dd/yyyy)

Prior Owner's Registration Number: -

Prior Owners FEIN: -

Legal Name of Business: _____

Address: _____

8. Have you changed legal entity? Yes* No

*If yes, date of legal entity change: // (mm/dd/yyyy)

Prior Employer's Registration Number: -

Prior Employer's FEIN: -

Part C – Household Employer of Domestic Services

1. Indicate the first calendar quarter and enter the year you paid (or expect to pay) total cash wages of **\$500** or more:

Jan 1 – Mar 31 (1st) Apr 1 – Jun 30 (2nd) Jul 1 – Sep 30 (3rd) Oct 1 – Dec 31 (4th) Year

2. Enter the total number of persons employed in your home: _____

3. Will you withhold New York State income tax from these employees? Yes No

Part D – Required Addresses

1. **Mailing Address:** This is your business mailing address where your Withholding Tax (WT) and Unemployment Insurance (UI) mail will be delivered. If you elect to have your UI mail directed to an address other than your place of business, complete number 4 below.

ATTN: _____
 Street or PO Box: _____
 City: _____ State: _____ Zip Code: _____
 County: _____ Country: _____

2. **Physical Address:** This is the physical location of your business, if different from the Mailing Address in number 1.

Street: _____
 City: _____ State: _____ Zip Code: _____
 County: _____ Country: _____

3. **Location of Books/Records:** This is the physical location where you keep your Books and Records.

C/O (if applicable): _____
 Street: _____
 City: _____ State: _____ Zip Code: _____
 County: _____ Country: _____
 Phone: () - ext: _____
 Contact Name: _____

Optional Addresses

4. **Agent Address (C/O):** Complete this if your UI mail should be sent to an address other than your business address.

C/O: _____
 Street or PO Box: _____
 City: _____ State: _____ Zip Code: _____
 County: _____ Country: _____
 Phone: () - ext: _____
 Contact Name: _____

5. **LO 400 Form - Notice of Potential Charges Address:** This is sent each time a former employee files a claim for Unemployment Insurance benefits. You can sign up for SIDES to receive this notice electronically. See instructions or visit our website at www.labor.ny.gov for additional information. Otherwise, complete below:

C/O: _____
 Street or PO Box: _____
 City: _____ State: _____ Zip Code: _____
 County: _____ Country: _____
 Phone: () - ext: _____
 Contact Name: _____

Part E – Business Information

1. Complete the following for sole proprietor (owner), household employer of domestic services, all partners, including partners of LP, LLP or RLLP, all members of LLC or PLLC, and corporate officers (President, Vice President, etc.), whether or not remuneration is received or services are performed in New York State. If needed, use a separate sheet of paper.

Name	Social Security Number	Title	Residence Address and Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Enter the number of physical locations at which your company operates in NYS: _____. You **must** list the physical address and answer questions a through e below, for each location. Use a separate sheet of paper for each.

a. Location (number and street): _____

City: _____ County: _____ Zip Code: _____

b. How many employees at this location? _____

c. Check the principal activity at the above location (see Instructions):

- | | | |
|--|---|---|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation | <input type="checkbox"/> Scientific/professional & technical services |
| <input type="checkbox"/> Wholesale trade | <input type="checkbox"/> Computer services | <input type="checkbox"/> Finance & insurance |
| <input type="checkbox"/> Retail trade | <input type="checkbox"/> Educational services | <input type="checkbox"/> Arts, entertainment & recreation |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Health & social assistance | <input type="checkbox"/> Food service, drinking & accommodations |
| <input type="checkbox"/> Warehousing | <input type="checkbox"/> Real estate | <input type="checkbox"/> Corporate, subsidiary managing office |
| <input type="checkbox"/> Other (Please specify): _____ | | |

d. If you are primarily engaged in manufacturing, complete the following:

Principal Products Produced	Percent of Total Sales Value	Principal Raw Materials Used
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e. If your principle activity is not manufacturing, indicate the products sold or service rendered:

Type of Establishment	Principal Product Sold	Percent of Total Revenue
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I affirm that I have read the above questions and that the answers provided are true to the best of my knowledge and belief.

X _____ / /
 Signature of Officer, Partner, Proprietor, Member or Individual (mm/dd/yyyy)

_____ Phone No.: () -

Official Position

E-Mail Address: _____