



This report is to be filled in and returned to this office within 10 days of its receipt whether or not you are liable for assessment under Part III, Title 19, Delaware Code.	REPORT TO DETERMINE LIABILITY AND IF LIABLE APPLICATION FOR EMPLOYER ACCOUNT NUMBER	(DO NOT FILL IN THIS SPACE) Employer Number _____ Ind. Code and Area _____ Effective Date of Liability _____ Assessment Rate _____ Status Date: _____
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FILL IN WITH TYPEWRITER OR PRINT IN INK – ALL QUESTIONS MUST BE ANSWERED

1. Name of Employer and Trade Name, if any: 1(a). Federal Employer’s Identification Number:	5. Have you: <input type="checkbox"/> 1. Started a new business <input type="checkbox"/> 2. Purchased a going business (Attach Explanation) <input type="checkbox"/> 3. Just begun having employment <input type="checkbox"/> 4. Reorganized (Attach Explanation) <input type="checkbox"/> 5. Other (Attach Explanation)
2. Street Address and Telephone Number of Main Office:	6. Ownership Information Is business publicly traded on the stock market? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide name, Federal Employer Identification Number and stock exchange symbol of controlling entity: If no, complete ownership information below. If more than one owner, attach additional information. Percentage of ownership must total 100%. If owned by another entity, please attach an organizational chart. Name: Social Security Number: Address: % of Ownership:
3. Address to which employer’s report forms and mail are to be sent. Outside representative must file a notarized power of attorney. 3(a). E-Mail Address:	
4. Have you previously filed an application for a Delaware U.I. account number? Yes <input type="checkbox"/> No <input type="checkbox"/>	
7. On what date did you first have payroll for employees working in Delaware? 7(a). Will gross payroll meet or exceed \$1500.00 in either 3 rd or 4 th quarter? Yes <input type="checkbox"/> No <input type="checkbox"/>	8. Are you liable as an employer under the Unemployment Compensation Laws in any other state? Yes <input type="checkbox"/> No <input type="checkbox"/>
	9. Do you own or control any other employing unit in Delaware? No <input type="checkbox"/> Yes <input type="checkbox"/> Account # _____ If you meet the criteria, do you want to combine accounts for rating purposes? Yes <input type="checkbox"/> No <input type="checkbox"/>

10. State total number of workers in covered employment in Delaware and total payroll by calendar quarter. If unknown, you may estimate these numbers.

Effective 1/1/96, wages of all corporate officers are reportable.

	MARCH		JUNE		SEPT.		DEC.	
	Employees	Payroll	Employees	Payroll	Employees	Payroll	Employees	Payroll
2014								
2015								
2016								
2017								
2018								

11. Check form of organization:

- Individual LLC Individual
- Partnership LLC Partnership
- Delaware Corporation Out-of-State Corporation
- Non-Profit Estate or Trust
- LLC Corp (Attach Form #8832 or written explanation. Must Indicate tax election from list above.)
- Other: _____

11(a). Date of Incorporation: _____

12. Nature and location of business in Delaware (indicate in sections a, b, c, d, and e). Please provide the address for the physical location where the work will be performed in the State of Delaware. (If the employee is working from home please provide the employee's residential address). Attach additional sheets if needed.

(a) Street Address (number & name):			
(b) City/County:		(c) Zip Code	
(d) Principal Types of Activity (Manufacturer of Wood Furniture, Food Super Market, Truck Rental, Etc.) EXPLAIN FULLY	Percent of Total	(e) Principal Products or Services (Leather Gloves, Electric Motors, TV Repairs, Etc.) EXPLAIN FULLY	Percent of Total
Total	100.00	Total	100.00

13. Will any employee work primarily in Delaware? **Yes** **No**

 If yes, skip #13a, go to #14

 If no, complete #13a, before going to #14.

13(a). Will any employee perform **some** work in Delaware? **Yes** **No**

 If no, go to #14.

If yes, attach explanation. For each employee who does not work primarily in Delaware, list all states where work is performed, the state where the base of operations is located, the state from which work is directed, and the employee's state of residence.

14. Name, title, address and telephone number of officer or representative to furnish payroll information.

15. Have you acquired the organization, trade or business, or substantially all the assets of another employing unit? **Yes** **No**

 If yes, provide the name and Federal Identification Number of the acquired entity.

16. If you have reorganized, has the ownership and management remained substantially the same? **Yes** **No**

17. Has this business paid any individual who it considers to be an independent contractor? **Yes** **No**

17(a). Has the business issued, or does it intend to issue, IRS Form 1099-MISC to any individual? **Yes** **No**

17(b). If you answered yes, please describe the type of work performed.

18. Are you an agricultural employer as per Title 19 §3302(11)? **Yes** **No**

18(a). If yes, will you pay wages of \$20,000 or more in any calendar quarter or employ 10 or more individuals engaged in agricultural labor for some portion of the day for a 20 week period? **Yes** **No**

19. Are you a domestic or household employer? **Yes** **No**

19(a). If yes, will you pay wages of \$1,000 or more in any calendar quarter of the year? **Yes** **No**

NON-PROFIT EMPLOYERS ONLY

20. (a) Please submit the following documents:

- (1) Copy of charter or articles of incorporation and by-laws.
- (2) Copy of Internal Revenue Status under IRS Code (Sec. 501-a).

(b) Do you have in your employ four (4) or more employees? **Yes** **No**

(c) Do you elect the reimbursement method in lieu of paying assessments? **Yes** **No**
If yes, the department will send you form COM-4069.

(d) Do you wish to make reimbursement with another employer and establish a group account? **Yes** **No**
If yes, list the names and addresses of all employers in the group and the name and address of the group representative who will act as the agent responsible for the disbursement of timely payments to the State of Delaware.

Additional Address Information

Corporation Headquarters Address:

Training Tax Address:

THIS REPORT MUST BE SIGNED HERE BY THE OWNER OR DULY AUTHORIZED REPRESENTATIVE

It is hereby certified that the information in this report and in any attached sheets is true and correct, to the best of my knowledge, and is submitted with the full knowledge that there are penalties prescribed by law for misstatements. **Application will not be processed without an authorized signature.**

(Signature Required)

(Business Name)

Title

Date

If you wish to sign up for online tax filing or online employer separation notices (SIDES), please see our website at:
<http://ui.delawareworks.com/>