



COMMONWEALTH OF VIRGINIA

VIRGINIA EMPLOYMENT COMMISSION
PO Box 1358
RICHMOND, VIRGINIA 23218-1358



REPORT TO DETERMINE LIABILITY FOR STATE UNEMPLOYMENT TAX (Please read instructions prior to completing this form)

1. Federal ID Number _____ E-Mail Address _____

2. Type of Organization: Individual Partnership Limited Partnership Corporation
Government or Political Sub-Division Other

3. Name of Employer _____
(Enter exact name of legal entity)

Trade Name _____ Telephone Number _____

c/o (if applicable) _____ Fax Number _____

Mailing Address _____ Zip Code _____

Virginia BUSINESS Location Address _____ Zip Code _____
(If more than one Virginia location, attach list of other addresses)

4. If you are a contractor involved with buildings, and/or roads, state the type: _____

Do you have a base of operations in any state other than Virginia? Yes No

5. When did you first have employees working in Virginia? _____ (MM/DD/YYYY)

Number of employees working in Virginia _____ If your business is INACTIVE, give date employment ceased _____

Name of successor, if any _____

6. Do you work any individuals in the course of your business, or in your home, that you do not consider employees? Yes No

7a. GENERAL EMPLOYERS: Did, or will, your business have a quarterly payroll of \$1,500 or more in Virginia during the current or preceding 3 years? Yes No If "Yes," enter the earliest quarter and year: Qtr. _____ Year _____

Also, if "Yes," enter the date that you reached \$1,500 or more: _____. Enter number of weeks during the current or preceding 3 years you had one or more workers performing services for you for some portion of a day in Virginia:

Wks. _____ Yr. _____ | Wks. _____ Yr. _____ | Wks. _____ Yr. _____ | Wks. _____ Yr. _____. Enter the date you reached the 20th week for the first time with one (1) or more workers: _____.

7b. AGRICULTURAL EMPLOYERS: Did, or will, your agricultural operation have a quarterly payroll of \$20,000 or more in Virginia during the current or preceding 3 years? Yes No If "Yes," enter the earliest quarter and year: Qtr. _____ Year _____

Also, if "Yes," enter the date that you reached \$20,000 or more: _____. Enter number of weeks during the current or preceding 3 calendar years you had ten or more agricultural workers performing services for you for some portion of a day in Virginia:

Wks. _____ Yr. _____ | Wks. _____ Yr. _____ | Wks. _____ Yr. _____ | Wks. _____ Yr. _____. Enter the date you reached the 20th week for the first time with ten (10) or more workers: _____.

7c. DOMESTIC EMPLOYERS: Did, or will, you have a quarterly domestic payroll of \$1,000 or more in Virginia during the current or preceding 3 years? Yes No If "Yes," enter the earliest quarter and year: Qtr. _____ Year _____
Also, if "Yes," enter the date that you reached \$1,000 or more: _____.

8. NONPROFIT EMPLOYERS: Is your organization exempt from Tax under Section 501(a) and 501(c)(3) of the Internal Revenue Code? Yes No If "Yes," attach a copy of your letter of exemption from the IRS and specify below the number of weeks during the current and preceding 3 years you had four or more workers performing services for you for some portion of a day in Virginia:
Wks. _____ Yr. _____ | Wks. _____ Yr. _____ | Wks. _____ Yr. _____ | Wks. _____ Yr. _____. Also, if "Yes," enter the date you reached the 20th week for the first time with four (4) or more workers: _____.

9. Have you acquired a business in Virginia? Yes No If "Yes," did you acquire all or part? All Part
Date acquired: _____ (MM/DD/YYYY). From whom did you acquire the business (*enter legal entity name and trade name*) _____
Previous owner's VEC Account Number: _____ (*See instructions on Acquisitions*).

10. Are you now, or have you ever been, liable for the Federal Unemployment Tax? (*This is not to be confused with Social Security or Workers' Compensation*) Yes No If "Yes," what year(s): _____

11. Describe the kind of business in Virginia, giving specific details of items, customers, etc., such as retail-women's clothes; wholesale-office equipment; construction-single family homes, etc. (*See instructions*).

12. Is the Virginia business primarily performing services for other units of the same company? Yes No

If "Yes," indicate:

Administrative
(ADMN headquarters,
DP centers, etc.)

Research, Development
or Testing

Storage
(Warehouse)

Other
(Specify)

13. Name the Virginia CITY or Virginia COUNTY in which business is located (*Specify location where work is actually performed*).

14. List name of Owner, Partners, or Corporate Officers:

NAME

SOCIAL SECURITY NUMBER

RESIDENCE ADDRESS

I certify that the information contained in this report is true and correct to the best of my knowledge.

Date: _____ Employer's Signature: _____

Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities.