THIS REPORT IS REQUIRED OF EVERY EMPLOYING UNIT AND WILL BE USED TO DETERMINE LIABILITY UNDER THE NORTH CAROLINA EMPLOYMENT SECURITY LAW, GENERAL STATUTE 96 AND DIVISION REGULATIONS.

Employer Status Report

Please Read Instructions!

NC Dept. of Commerce Division of Employment Security Post Office Box 26504 Raleigh, N.C. 27611-6504

Please Type or Print in Black Ink or File Online <u>www.ncesc.com</u> Return Within 10 Days

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Orig	Ind Ctr	Re	eact	Date		L	Let			St 2	Adj	T	A
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	Return Within 10 Days							
1.	Federal ID number: 2. N.C. Dept. of Reven	ue withholdin	g ID number:					
3.	Enter any previously assigned North Carolina unemployment tax numbers	pers:						
4.	Employer name: Enter exact name of legal entity – for further details see instructions)							
	Enter exact name of legal entity – for further	details see instri	uctions)					
5.	Trade name:							
6.	Mailing address: Street or P.O. Box	City		State Time	Y . J .			
7.		•		State Zip C				
9.	Contact person:							
	Phone number: () E-mail Address							
10.								
	Street (Do not use a post offic	ce box)	in the	Number of Employees expected in the next 12 months:				
	N.C.		Zip Code					
	City				•			
	(Attach a list of ALL NC locations, if there is no NC business lo	cation, enter	the primary emplo	yee's home addres	ss)			
11.	☐ General Partnership ☐ 501(c)(3) - At ☐ Corporation ☐ Governmenta	☐ General Partnership ☐ 501(c)(3) - Attach a copy ☐ LLC taxed as Partnership ☐ Corporation ☐ Governmental ☐ LLC taxed as Corporation ☐ Limited Partnership - Attach a list of ALL General ☐ Indian Tribal Governments/Enterprise						
12.	Enter the principal activity or services performed in your North Caroli	na operation:						
13.	If you are part of a larger organization and are primarily engaged in pecheck one of the following: Control, Administrative (Headquarters, etc.) Research, Development or Testing Other	ehouse	ort services to that o					
14.	Enter date you first employed one or more workers in North Carolina:							
			DD YYYY					
15.	For Items 15 through 20, check on GENERAL EMPLOYERS:	ly the ONE it	em that applies					
13.	a. Have you or will you have a quarterly payroll of \$1,500 or more? If yes, enter the date this occurred or will occur.	☐ Yes	□ No	/	/			
	b. Have you or will you employ at least one worker in 20 different cales calendar year?	ndar weeks du	ring a	MINI DD	1111			
	If yes, enter the date this first occurred or will occur.	☐ Yes	□ No	/	YYYY			
16. 17.	Are you an EMPLOYEE LEASING company? AGRICULTURAL EMPLOYERS:	☐ Yes	□ No	MIMI DD	1111			
	a. Have you or will you have a quarterly payroll of \$20,000 or more? If yes, enter the date this occurred or will occur	☐ Yes	□ No	/				
	b. Have you or will you employ at least 10 workers in 20 different calencalendar year?	ndar weeks du	ring a	MM DD	YYYY			
	If yes, enter the date this first occurred or will occur.	☐ Yes	□ No	/	_/			

18.	DOMESTIC EMPLOYERS: Have you or will you pay \$1,000 or more in a calendar quarter for domestic service in a private home, college club, fraternity or sorority? If yes, enter the date this occurred or will occur. Yes No YYYY MM DD YYYYY									
19.	19. NON-PROFIT ORGANIZATIONS: (Attach a copy of Federal Letter of Exemption under Section 501(c)(3) of the Internal Revenue Code.) Have you or will you employ four or more workers in 20 different calendar weeks during a calendar year? If yes, enter the date this occurred or will occur. Yes No MM DD YYYY									
20.										
21.	1. If you are not otherwise subject to the unemployment tax law under one of the preceding criteria (Items 15-20), do you wish to voluntarily cover your employees for unemployment insurance?									
22.	A. Have you ever paid Federal Unemployment Tax (FUTA)? If yes, for what year(s)? ———————————————————————————————————									
23.	23. If you have acquired, transferred assets or merged with another business, or made any other changes in the ownership of the business, including changes, such as from a sole proprietorship to a corporation or a partnership, complete the following:									
	a. Name of Former Owner:									
	b. Former Owner's N.C. UI	Tax Number:								
	c. Former Owner's Address	S:	P.O. Box		City	State Zip Code				
	d. On what date did you acc		iness?/	/	cuy	Sime Zip Come				
	e. Did you acquire all or a p	oortion of the former ow	MM DD vner's North Carolina busin	YYYY ess? [☐ All ☐ Por	tion (Specify) %				
	f. Was the business in operation at the time you acquired it? Yes No Date Closed//									
	g. Was the business in bankruptcy at the time you acquired it?									
	h. Does the former owner co	ontinue to have employe	ees in North Carolina?	☐ Yes ☐	No					
24.	Do you have workers who per independent contractors? If y			to be self-e	employed or	☐ Yes ☐ No				
25.	List owners (parent corporation those for which there is no space	on, sole proprietor, <u>ALL</u>		corporate of	fficers, or mem					
	First Name	Middle Name	Last Name		Title	SSN or FEIN				
	Street or P.O. Box		City	State	Zip Code	() Phone				
	First Name	Middle Name	Last Name		Title	SSN or FEIN				
	Street or P.O. Box		City	State	Zip Code	() Phone				
	First Name	Middle Name	Last Name		Title	SSN or FEIN				
	Street or P.O. Box		City	 State	Zip Code	() Phone				
		Sure That All Applic	able Items Are Completed			AMOM				
	tify that the information entere	d on this form is true a	nd accurate, and that I am a			mploying unit to				
Signa	ature		Title			MM DD YYYY				