

## 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 [www.ncesc.com](http://www.ncesc.com)  
Return Within 10 Days**

For Agency Use Only:			Account No.				Liable Y N		A/C/AS	
Root	OW/OF	S Add	ET AL	S/PR	BR	Liab Date				
Del After			Law Sec		M/W	County		ERA		Own
Curr	P1	P2	P3		P4	P5	Next			
Orig	Ind Ctr	React Date			L Let		St Adj		TA	
PC Let										

1. Federal ID number: \_\_\_\_\_ 2. N.C. Dept. of Revenue withholding ID number: \_\_\_\_\_

3. Enter any previously assigned North Carolina unemployment tax numbers: \_\_\_\_\_

4. Employer name: \_\_\_\_\_  
*Enter exact name of legal entity – for further details see instructions)*

5. Trade name: \_\_\_\_\_

6. Mailing address: \_\_\_\_\_  
*Street or P.O. Box City State Zip Code*

7. Phone number: (\_\_\_\_\_) \_\_\_\_\_ 8. FAX number: (\_\_\_\_\_) \_\_\_\_\_

9. Contact person: \_\_\_\_\_ Title \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

10. N.C. business location: \_\_\_\_\_ Number of Employees expected  
*Street (Do not use a post office box) in the next 12 months: \_\_\_\_\_*

\_\_\_\_\_  
City N.C. Zip Code County  
*(Attach a list of ALL NC locations, if there is no NC business location, enter the primary employee's home address)*

11. Check type of ownership:
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Individual  | <input type="checkbox"/> Sub-Chapter S Corporation             | <input type="checkbox"/> LLC taxed as Individual  |
| <input type="checkbox"/> General Partnership   | <input type="checkbox"/> 501(c)(3) - Attach a copy             | <input type="checkbox"/> LLC taxed as Partnership |
| <input type="checkbox"/> Corporation   | <input type="checkbox"/> Governmental                          | <input type="checkbox"/> LLC taxed as Corporation |
| <input type="checkbox"/> Limited Partnership - Attach a list of ALL General Partners | <input type="checkbox"/> Indian Tribal Governments/Enterprises | <input type="checkbox"/> Disregarded Entity       |
|  | <input type="checkbox"/> Other: _____                          |   |

12. Enter the principal activity or services performed in your North Carolina operation: \_\_\_\_\_

13. If you are part of a larger organization and are primarily engaged in providing support services to that organization, check one of the following:
- |   |  |
|---|--|
| <input type="checkbox"/> Control, Administrative (Headquarters, etc.) | <input type="checkbox"/> Storage/Warehouse |
| <input type="checkbox"/> Research, Development or Testing             | <input type="checkbox"/> Other _____       |

14. Enter date you first employed one or more workers in North Carolina: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

**For Items 15 through 20, check only the ONE item that applies**

15. GENERAL EMPLOYERS:
- a. Have you or will you have a quarterly payroll of \$1,500 or more? ☐ Yes ☐ No \_\_\_\_/\_\_\_\_/\_\_\_\_  
If yes, enter the date this occurred or will occur. MM DD YYYY
- b. Have you or will you employ at least one worker in 20 different calendar weeks during a calendar year? ☐ Yes ☐ No \_\_\_\_/\_\_\_\_/\_\_\_\_  
If yes, enter the date this first occurred or will occur. MM DD YYYY
16. Are you an EMPLOYEE LEASING company? ☐ Yes ☐ No
17. AGRICULTURAL EMPLOYERS:
- a. Have you or will you have a quarterly payroll of \$20,000 or more? ☐ Yes ☐ No \_\_\_\_/\_\_\_\_/\_\_\_\_  
If yes, enter the date this occurred or will occur. MM DD YYYY
- b. Have you or will you employ at least 10 workers in 20 different calendar weeks during a calendar year? ☐ Yes ☐ No \_\_\_\_/\_\_\_\_/\_\_\_\_  
If yes, enter the date this first occurred or will occur. MM DD YYYY

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 \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

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. **GOVERNMENTAL ENTITY:** (check one type below)  
☐ Federal ☐ State ☐ Local ☐ Other: \_\_\_\_\_

21. 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? ☐ Yes ☐ No

22. Have you ever paid Federal Unemployment Tax (FUTA)? ☐ Yes ☐ No  
If yes, for what year(s)? \_\_\_\_\_

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: \_\_\_\_\_  
(Full Organizational Name, including Trade Name)

b. Former Owner's N.C. UI Tax Number: \_\_\_\_\_

c. Former Owner's Address: \_\_\_\_\_  
Street or P.O. Box City State Zip Code

d. On what date did you acquire or change the business? \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

e. Did you acquire all or a portion of the former owner's North Carolina business? ☐ All ☐ Portion (Specify) % \_\_\_\_\_

f. Was the business in operation at the time you acquired it? ☐ Yes ☐ No Date Closed \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

g. Was the business in bankruptcy at the time you acquired it? ☐ Yes ☐ No

h. Does the former owner continue to have employees in North Carolina? ☐ Yes ☐ No

24. Do you have workers who perform services for your business whom you consider to be self-employed or independent contractors? If yes, see instructions for list to be attached. ☐ Yes ☐ No

25. List owners (parent corporation, sole proprietor, ALL general partners, principal corporate officers, or members.) Attach a list of those for which there is no space below.

_____ 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				

**Be Sure That All Applicable Items Are Completed Before Signing**

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 \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY