

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 www.ncesc.com
Return Within 10 Days

For Agency Use Only:			Account No.				Liab 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: Andrea Hoettels Title Director - Payroll Operations

Phone number: (414) 459-3068 E-mail Address: andrea.hoettels@cfihope.org

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

_____ N.C. _____
City *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: 08 / 23 / 2014
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 12 / 31 / 2014
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)? If yes, for what year(s)?

Yes No

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.

Table with 6 columns: First Name, Middle Name, Last Name, Title, SSN or FEIN, Phone. It contains three rows of blank fields for listing owners.

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