

**EMPLOYER STATUS REPORT For UNEMPLOYMENT COMPENSATION**

Opportunity • Guidance • Support



**RETURN COMPLETED FORM TO:**

EMPLOYER STATUS UNIT  
 200 FOLLY BROOK BLVD.  
 WETHERSFIELD, CT 06109-1114  
 TEL. NO. (860) 263-6550 FAX (860) 263-6567

Registration Number: \_\_\_\_\_  
 \_\_\_\_\_  
**For Office Use Only**  
 Status \_\_\_\_\_  
 Rate(s) \_\_\_\_\_  
 Quarter(s) \_\_\_\_\_  
 Date Rec'd \_\_\_\_\_

ABC	Over 6	Lag Date
IC	Under 6	_____
5	6	Fund Code
Typed	2ps	_____
Other	_____	
Predecessor Reg. No.: _____		

**FOR NON-PROFIT - 501 (C) (3) EMPLOYER**

**Form is to be typed or printed in ink. If additional space is required, please attach extra sheet. Indicate company name at the top of sheet and include respective item number with response.**

1. Federal Identification Number \_\_\_\_\_ Tel. No. ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_

2. Name under which you operate \_\_\_\_\_

3. Formal corporate name \_\_\_\_\_

4. Mailing address \_\_\_\_\_  
Number Street P.O. Box State Zip Code

5. List actual location(s) if different from above \_\_\_\_\_

6. Are you a nonprofit organization exempt from federal income tax under Section 501(c) (3) of the Internal Revenue Code?  
 Yes  No If yes, a copy of your Exemption Letter from the IRS must accompany this report. If applied for and waiting for determination, check here . If no, do not complete this form; instead, request Form UC-1A from this office.

6a. Non-profit organizations, determined to be liable, have the option of reimbursing the Connecticut Unemployment Compensation Fund for unemployment compensation benefits paid former employees, or paying the regular State Unemployment Compensation Tax. Please refer to attached letter before indicating your option below.

Reimbursement of benefits paid method  Regular quarterly tax method

7. Describe the function of the organization. BE SPECIFIC.

Health \_\_\_\_\_  
 Educational \_\_\_\_\_  
 Charitable \_\_\_\_\_  
 Other \_\_\_\_\_

8. Structure of organization  Corporation  Other (explain fully) \_\_\_\_\_

<u>Names of Officers or Directors</u>	<u>Soc. Sec. Nos.</u>	<u>Titles</u>	<u>Home Addresses</u>

10. When did you first engage employees in Connecticut under the present type of organization? \_\_\_\_\_  
Mo. Day Yr.

11. Did this organization succeed another?  Yes  No

If yes, list previous employer \_\_\_\_\_

Was the previous employer subject to Conn. Unemployment Compensation Law?  Yes  No \_\_\_\_\_  
Employer Number

Will the previous employer remain active?  Yes  No

- 12a. Were you a Connecticut employer in any part of any 13 weeks in any one of the three (3) preceding calendar years? If "yes", indicate the years: \_\_\_\_\_
- 12b. Will you be a Connecticut employer in any part of 13 weeks within the current calendar year or the next calendar year?  
 YES  NO  Indicate year \_\_\_\_\_
13. List below the number of individuals in your employ in Connecticut within each calendar week. Include FULL and PART-TIME employees and PAID corporate officers and directors. Also list TOTAL WAGES paid in each quarter.

**RECORD OF CONNECTICUT EMPLOYMENT IN CURRENT CALENDAR YEAR \_\_\_\_\_**

Year _____	January				February				March				April				May				June			
Week Ending																								
Number Employed																								
Year _____	July				August				September				October				November				December			
Week Ending																								
Number Employed																								
<b>TOTAL WAGES</b>	1 <sup>ST</sup> Qtr \$ _____				2 <sup>nd</sup> Qtr \$ _____				3 <sup>rd</sup> Qtr \$ _____				4 <sup>th</sup> Qtr \$ _____											

**RECORD OF CONNECTICUT EMPLOYMENT IN PRECEDING CALENDAR YEAR \_\_\_\_\_**

Year _____	January				February				March				April				May				June			
Week Ending																								
Number Employed																								
Year _____	July				August				September				October				November				December			
Week Ending																								
Number Employed																								
<b>TOTAL WAGES</b>	1 <sup>ST</sup> Qtr \$ _____				2 <sup>nd</sup> Qtr \$ _____				3 <sup>rd</sup> Qtr \$ _____				4 <sup>th</sup> Qtr \$ _____											

**RECORD OF CONNECTICUT EMPLOYMENT IN PRECEDING CALENDAR YEAR \_\_\_\_\_**

Year _____	January				February				March				April				May				June			
Week Ending																								
Number Employed																								
Year _____	July				August				September				October				November				December			
Week Ending																								
Number Employed																								
<b>TOTAL WAGES</b>	1 <sup>ST</sup> Qtr \$ _____				2 <sup>nd</sup> Qtr \$ _____				3 <sup>rd</sup> Qtr \$ _____				4 <sup>th</sup> Qtr \$ _____											

I certify that the information in this report is true and correct.

By \_\_\_\_\_  
 (Signature)

Prepared By \_\_\_\_\_  
 (Signature)

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Title \_\_\_\_\_ Tel. Number \_\_\_\_\_