



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF EMPLOYMENT SECURITY

UNEMPLOYMENT TAX REGISTRATION

FOR DIVISION USE ONLY

SUTA _____

LIA 2699() ID _____

The Division of Employment Security (DES) has received information showing you are a potential employer in Missouri. For this reason you are being provided this form.

MAILING BLOCK

MAILING ADDRESS IF DIFFERENT:

FEIN# _____ DOR# _____

Phone Number _____

E-mail _____

☐ Tax Preparer ☐ Billing ☐ Headquarters

If you need help completing this form or have questions visit our website at www.labor.mo.gov/DES/Employers/faqs.asp, e-mail esemptax@labor.mo.gov, call 573-751-3340, or fax 573-751-7483

MAIN BUSINESS IN MISSOURI

GENERAL

☐ Transportation ☐ Utilities ☐ Construction – Residential ☐ Food Services ☐ Financial Services
☐ Retail Sales – New ☐ Mortgage ☐ Construction – Commercial ☐ Health Services ☐ Mining
☐ Retail Sales – Used ☐ Wholesale ☐ Manufacturing ☐ Trucking ☐ Other _____

AGRICULTURAL

☐ Crop ☐ Animal ☐ Other _____

DOMESTIC

☐ Household ☐ Caretaker ☐ Nanny ☐ CDS Provider ☐ Other _____

BUSINESS TYPE

☐ Individual ☐ Corporation ☐ LLC Sole Proprietor ☐ LLC Corporation ☐ Association
☐ Partnership ☐ Limited Partnership ☐ LLC Partnership ☐ LLP ☐ Other _____

If registered, provide charter information

State _____ Charter # _____ Charter Date ____/____/____

EMPLOYMENT INFORMATION

First Date of Worker in Missouri ____/____/____ First Date of Missouri Payroll ____/____/____

EMPLOYER TYPE

☐ General ☐ Domestic ☐ Religious ☐ Local Government
☐ Agricultural ☐ Lessor/PEO ☐ State ☐ Indian Tribe
☐ 501C(3) Do you wish to be a reimbursable employer?
☐ Yes ☐ No

ENTER WAGES PAID:

Year 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter

Did you employ workers during 20 weeks in a calendar year? ☐ Yes ☐ No

If “Yes,” number of workers? _____ Quarter _____ and Year _____ of 20th week.

If you have not hired a Missouri worker, when do you anticipate hiring worker(s) in Missouri? _____

If no Missouri workers, please explain: _____

(CONTINUE ON NEXT PAGE)

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Cont.

Were you liable under FUTA in another state? ☐ Yes ☐ No If "Yes," Year _____

Do you use Independent Contractors? ☐ Yes ☐ No

If "Yes," provide the contractor(s) name, address, SSN/FEIN, and phone number on a separate paper.

Are you leasing employees from another business? ☐ Yes ☐ No

If "Yes," include the name, address, FEIN, and phone number of the business on a separate paper.

ADDRESS INFORMATION

RESPONSIBLE PARTY (owner, partner, officer, member, other)

Name _____

Name _____

Residence _____

Residence _____

City, State, ZIP _____

City, State, ZIP _____

Title _____ Phone _____

Title _____ Phone _____

SSN/FEIN _____ DOB _____

SSN/FEIN _____ DOB _____

Contact Person _____ Phone _____

Contact Person _____ Phone _____

MISSOURI LOCATION ADDRESS

(physical address only; no P.O. Box)

Location Name _____

HEADQUARTERS ADDRESS

Attn _____

Address _____

Street 1 _____

City, State, ZIP _____

Street 2 _____

Location Activity _____

City _____

State _____ ZIP _____

PREVIOUS OWNER/OPERATOR INFORMATION

Did you acquire (purchase, inherit, etc.) this business? ☐ Yes ☐ No

Date of Change ____/____/____

How was the business acquired?

☐ Purchased Business

☐ Transferred Ownership

☐ Change in Organization

☐ Stock Ownership Change

☐ Merger/Reorganization

☐ Other _____

PREVIOUS OWNER/OPERATOR

Name _____ FEIN _____ SUTA Number _____

Address _____ Phone _____

City, State, ZIP _____ Contact Person _____

Did you continue without interruption of the previous owner/operator's business activities in Missouri? ☐ Yes ☐ No

If "No," explain the interruption _____

Did you acquire 100% of the previous owner/operator's Missouri business operations? ☐ Yes ☐ No

If "No," indicate the percentage of Missouri business operations acquired: ____%

Explain what portion of the business was acquired _____

Is there common ownership, management or control with the previous owner/operator? ☐ Yes ☐ No

NEW OWNERS, PARTNERS, OFFICERS

Name _____

Name _____

Address _____

Address _____

City, State, ZIP _____

City, State, ZIP _____

PREVIOUS OWNERS, PARTNERS, OFFICERS

Location Name _____

Location Name _____

Address _____

Address _____

City, State, ZIP _____

City, State, ZIP _____

SIGNATURE BLOCK

Signature of Person Completing this Form _____

Date _____

Print Name and Title _____

Telephone Number _____