

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

P. O. BOX 995
 COLUMBIA, SOUTH CAROLINA 29202
 TELEPHONE (803) 737-3075
 FAX (803) 737-2547

EMPLOYER STATUS REPORT TO DETERMINE LIABILITY UNDER THE SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE LAW
 ALL INFORMATION PROVIDED WILL BE KEPT STRICTLY CONFIDENTIAL

DO NOT WRITE IN THIS SPACE			
ACCOUNT NUMBER:			
L. B.	L. E.	CH.	L. A.
AREA	RATE	IND.	OWNER
BY	DATE	PARENT NUMBER	

PLEASE TYPE OR PRINT. RETURN WITHIN 10 DAYS

COMPLETE BOTH SIDES OF THIS APPLICATION		PLEASE PRINT OR TYPE ALL INFORMATION	
1. OWNER, PARTNERSHIP, OR CORPORATE CHARTER NAME		2. TRADE NAME(DOING BUSINESS AS)	
3. PHYSICAL LOCATION OF BUSINESS REQUIRED (NO P. O. BOX)		4. BUSINESS PHONE NUMBER	DAYTIME PHONE NUMBER
STREET SC		5. FEDERAL IDENTIFICATION NUMBER	
CITY COUNTY(REQUIRED) STATE ZIP		7. TYPE OF BUSINESS	
6. MAILING ADDRESS (FOR ALL CORRESPONDENCE)		<input type="checkbox"/> AGRICULTURE, FORESTRY, FISHING, & HUNTING (11) <input type="checkbox"/> PROFESSIONAL, SCIENTIFIC, & TECHNICAL SERVICES (54) <input type="checkbox"/> MINING (21) <input type="checkbox"/> MANAGEMENT OF COMPANIES & ENTERPRISES (55) <input type="checkbox"/> UTILITIES (22) <input type="checkbox"/> ADMINISTRATIVE & SUPPORT, WASTE MANAGEMENT & REMEDIATION SERVICES (56) <input type="checkbox"/> CONSTRUCTION (23) <input type="checkbox"/> EDUCATION SERVICES (61) <input type="checkbox"/> MANUFACTURING (31-33) <input checked="" type="checkbox"/> HEALTH CARE & SOCIAL ASSISTANCE (62) <input type="checkbox"/> WHOLESALE TRADE (41-43) <input type="checkbox"/> ARTS, ENTERTAINMENT & RECREATION (71) <input type="checkbox"/> RETAIL TRADE (44-46) <input type="checkbox"/> ACCOMMODATIONS & FOOD SERVICE (72) <input type="checkbox"/> TRANSPORTATION & WAREHOUSING (48-49) <input type="checkbox"/> OTHER SERVICES (81) <input type="checkbox"/> INFORMATION (51) <input type="checkbox"/> PUBLIC ADMINISTRATION <input type="checkbox"/> FINANCE & INSURANCE (52) <input type="checkbox"/> REAL ESTATE, RENTAL & LEASING (53)	
IN CARE OF 1 Cabot Road; Suite 102			
STREET			
Medford	Middlesex	MA	02155
CITY	COUNTY(REQUIRED)	STATE	ZIP
9. LOCATION OF RECORDS (NO P. O. BOX)			
same as mailing address			
10. TYPE OF OWNERSHIP		8. MAIN BUSINESS(I.E. RETAIL FURNITURE SALES)	
<input type="checkbox"/> SOLE PROPRIETOR (ONE OWNER) <input type="checkbox"/> PARTNERSHIP (TWO OR MORE OWNERS) <input type="checkbox"/> LLC/LLP <input type="checkbox"/> SC CORPORATION DATE INC. _____ <input type="checkbox"/> FOREIGN CORPORATION (ATTACH COPY OF ARTICLES OF CERTIFICATE OF AUTHORITY) <input type="checkbox"/> UNINCORPORATED ASSOCIATION; ENTER LEGAL NAME _____ <input checked="" type="checkbox"/> OTHER (EXPLAIN) Household Employer using Fiscal/Employer Agent		Domestic Employment - Home Health Care	
		8A. CHECK IF YOU SELL THESE PRODUCTS(FOR SOLID WASTE PURPOSE)	
		<input type="checkbox"/> MOTOR OIL. <input type="checkbox"/> LEAD ACID BATTERIES <input type="checkbox"/> TIRES <input type="checkbox"/> LARGE APPLIANCES 8B. DO YOU SELL AVIATION GASOLINE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		8C. DO YOU PROVIDE SERVICE TO CELLULAR AND PERSONAL COMMUNICATIONS USERS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
11. NAME(S) OF BUSINESS OWNER , PARTNERS, OR OFFICERS:			
SOCIAL SECURITY NUMBER	NAME/TITLE/GENERAL PARTNERS	HOME ADDRESS	IF PARTNER % OWNED
	Household Employer		
ARE YOU A SC RESIDENT YES <input type="checkbox"/> NO <input type="checkbox"/> HOW LONG HAVE YOU LIVED IN SC? (YEARS/MONTHS)			
12. HAVE YOU:		D. FORMER OWNER'S S.C.D.E.W ACCOUNT NUMBER	
A. ACQUIRED ANOTHER BUSINESS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	FORMER OWNER'S S.C. TAX ACCOUNT NUMBER	
MERGED WITH ANOTHER BUSINESS	<input type="checkbox"/> YES <input type="checkbox"/> NO	E. NAME OF BUSINESS ACQUIRED:	
FORMED A CORPORATION OR PARTNERSHIP?	<input type="checkbox"/> YES <input type="checkbox"/> NO	(Full organization name including trade name)	
MADE ANY OTHER CHANGE IN OWNERSHIP OF YOUR BUSINESS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	ADDRESS OF FORMER OWNER:	
B. DID YOU ACQUIRE:	<input type="checkbox"/> ALL OF THE SOUTH CAROLINA OPERATIONS?		
	<input type="checkbox"/> PART OF THE SOUTH CAROLINA OPERATIONS?		
	PERCENT ACQUIRED: _____		
C. DATE ACQUIRED OR CHANGED:			
WAS THE BUSINESS OPERATING AT THE TIME OF ACQUISITION OR CHANGE?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
DATE CLOSED:			
DOES THE FORMER OWNER OR LEGAL ENTITY CONTINUE TO HAVE EMPLOYEES?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
13. FIRST DATE OF EMPLOYMENT IN S.C	14. ANTICIPATED DATE OF FIRST SC PAYROLL.	15. ESTIMATED NUMBER OF EMPLOYEES IN SC	
MO/DAY/YEAR	MO/DAY/YEAR		
16. IS BUSINESS WITHIN SC MUNICIPAL LIMITS?		17. IS YOUR BUSINESS SEASONAL?	
<input type="checkbox"/> YES <input type="checkbox"/> NO WHICH CITY? _____		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES LIST MONTHS ACTIVE _____	

COMPLETE REVERSE SIDE OF THIS FORM

I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

SIGNATURE OF OWNER, ALL PARTNERS OR CORPORATE OFFICER

TITLE

DATE

18. ENTER TOTAL WAGES PAID BY YOU TO SC WORKERS BY CALENDAR QUARTERS BEGINNING WITH DATE IN ITEM 13

YEAR	JANUARY 1 THRU MARCH 31	APRIL 1 THRU JUNE 30	JULY 1 THRU SEPTEMBER 30	OCTOBER 1 THRU DECEMBER 31
YEAR	JANUARY 1 THRU MARCH 31	APRIL 1 THRU JUNE 30	JULY 1 THRU SEPTEMBER 30	OCTOBER 1 THRU DECEMBER 31

19. INDICATE NUMBER OF EMPLOYEES WITHIN EACH CALENDAR WEEK (PART-TIME, COMMISSION SALES, OFFICERS, ETC)

CALENDAR YEAR

JANUARY					FEBRUARY					MARCH					APRIL					MAY					JUNE									
JULY					AUGUST					SEPTEMBER					OCTOBER					NOVEMBER					DECEMBER									

CALENDAR YEAR

JANUARY					FEBRUARY					MARCH					APRIL					MAY					JUNE									
JULY					AUGUST					SEPTEMBER					OCTOBER					NOVEMBER					DECEMBER									

20. DID YOU FILE A FUTA FORM 940 WITH THE IRS FOR THE LAST COMPLETED CALENDAR YEAR? YES NO

21. IS YOUR ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501-C-3 OF THE IRS CODE FOR RELIGIOUS, EDUCATIONAL, OR CHARTIABLE PURPOSES? YES NO. IF YES, ATTACH A COPY OF EXEMPTION LETTER.

22. DOES YOUR BUSINESS CONSIST SOLELY OF AGRICULTURAL EMPLOYMENT YES NO

23. DOES YOUR EMPLOYMENT CONSIST SOLELY OF DOMESTIC (HOUSEHOLD) WORKERS? YES NO

24. IS THE UNIT REPORTED ABOVE MADE UP OF MORE THAN ONE ESTABLISHMENT IN THE STATE? YES NO
 IF YES, HOW MANY ESTABLISHMENTS _____ PLEASE ENTER IN THE SECTION BELOW THE EXACT LOCATION AND THE EMPLOYMENT COUNT OF EACH ESTABLISHMENT COVERED BY THIS REPORT. USE A SEPARATE SHEET OF PAPER IF ADDITIONAL SPACE IS NEEDED. (IF ACTIVITIES VARY FOR THE SEPARATE ESTABLISHMENT, PLEASE PROVIDE PRODUCTS OF ACTIVITY INFORMATION FOR THESE UNITS ON A SEPARATE SHEET OF PAPER.)

STREET	CITY	COUNTY	ZIP CODE	AVERAGE EMPLOYMENT

I HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE SIGNED AND SUBMITTED

NAME OF EMPLOYING UNIT

INFORMATION PER: _____

TAX CONTACT EMAIL: _____

BY

BENEFITS CONTACT EMAIL: _____

Household Employer
OFFICIAL POSITION

UPON COMPLETION OF THIS FORM SIGN, DATE AND MAIL TO:

**SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT & WORKFORCE
 EMPLOYER STATUS UNIT
 P. O. BOX 995, COLUMBIA, SC 29202**