



Free Unemployment Cost Analysis

1 Your organization must be a **501c3** with **10+ employees (FTEs)**

2 Fill out the form below or submit online at www.ChooseUST.org/Eval

3 Email info@ChooseUST.org
FAX 1-805-566-4921
Mail PO Box 22657, Santa Barbara, CA 93121

1. Contact Information

Organization: _____

Full Address: _____

Contact Name: _____ Title: _____

Contact Phone: _____ Email: _____

2. Employee Information

Approximate # of Full-Time Employees: _____ # Part-Time: _____ Gross Wages (Last 4 Quarters): \$ _____

3. Unemployment Payment Method

Currently Paying State UI Tax Rate Of: _____ % **OR** Reimbursing for unemployment claims
UI Taxable Wages (Last 4 Quarters): \$ _____

4. Unemployment Claims History *Most states offer online access to your unemployment claims history or can readily provide it if requested. Claims activity is also usually included with your UI tax rate notice. **This information is required to complete your assessment.***

Total Unemployment Claims Paid: \$ _____ 2013 \$ _____ 2014 \$ _____ 2015

Need Help?

Talk to one of our friendly Nonprofit Unemployment Cost Advisors at 1-888-249-4788

www.ChooseUST.org

Priority Code: 20165351