r	THIS REPORT IS REQUIRED OF EVER FHE NORTH CAROLINA EMPLOYMEN									
	nployer Status Report	-	ency Use On		ccount No.				Liable Y N	A/C/AS
Plea	ase Read Instructions!	Root	OW/OF	S Add	ET AL	S/PR	BR	Liab Dat		
	ployment Security Commission	Del Afte	er		Law Sec	M	I/W	County	ERA	Own
	North Carolina	Curr	P1	F	2	P3		P4	P5	Next
	eigh, N.C. 27611-6504	Orig	Ind Ctr	Reac	t Date	I	Let		St Adj	ТА
	Please Type or Print in Black Ink	PC Let							5	
	or File Online <u>www.ncesc.com</u> Return Within 10 Days									
1.	Federal ID number:	2.	N.C. Dept	. of Reve	nue withho	lding ID	numbei	r:		
3.	Enter any previously assigned North Care	olina une	mployment	t tax num	bers:					
4.	Employer name:									
_						nstruction	s)			
5.	Trade name:									
6.	Mailing address:				Cit	,		State	Ziu	Code
7.	Phone number: ()				ŧ,				-	
9.	Contact person:					Title_				
	Phone number: ()									
10.	N.C. business location:							Number of E	Employees ex	oected
		Stree						Number of E in the next 1		
	City			N.C	•	Zip	Code		Cou	nty
	(Attach a list of ALL NC locations, if	^c there is	no NC bu	siness la	ocation, en	ter the p	rimary	employee's	home add	ress)
11.	Check type of ownership: Individual Sub-Chapter S Corporation LLC taxed as Individual General Partnership 501(c)(3) - Attach a copy LLC taxed as Partnership									
	Corporation Governmental LLC taxed as Corporation Limited Partnership - Attach a list of ALL General Indian Tribal Governments/Enterprises									
	Limited Par Partners	rtnership) - Attach a l	ist of ALI	General			n Tribal Gov garded Entity		nterprises
12.	Enter the principal activity or services per	rformed	in your No	rth Carol	ina onorat	ion:		:		
12.		lormeu	in your roo		ina operat					
13.	If you are part of a larger organization an check one of the following:	d are pri	imarily eng	aged in p	oroviding s	upport se	rvices t	o that organ	ization,	
	 Control, Administrative (Headquarter Research, Development or Testing 	s, etc.)	Sto	orage/Wa her	rehouse					
14.	Enter date you first employed one or more	e worker	s in North	Carolina		/	_/			
	For Iten	ns 15 thi	rough 20,	check or	MM Note National Method Method Methods Methods Methods Methods and the second second second second second second s	DD E item tl		YYY lies		
15.	GENERAL EMPLOYERS: a. Have you or will you have a quarterly p				Yes] No		1	1
	If yes, enter the date this occurred or v	vill occur	r .		_	-		-	MM [′] DD	-' YYYY
	b. Have you or will you employ at least or calendar year?	e worke	r in 20 diffe	erent cale	endar week	s during	a			
	If yes, enter the date this first occurred	d or will	occur.		Yes	. [No	ī	/	
		0				r	No	1	MM DE	
16.	Are you an EMPLOYEE LEASING com	pany?			Yes					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
16. 17.	AGRICULTURAL EMPLOYERS:		f \$20.000 o	r more?	Tes Yes	; [, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		payroll of		r more?	☐ Yes		_ No		/	/
	AGRICULTURAL EMPLOYERS: a. Have you or will you have a quarterly	payroll o will occu	r		Yes	; [] No		// MM DD	/
	AGRICULTURAL EMPLOYERS: a. Have you or will you have a quarterly j If yes, enter the date this occurred or	payroll o will occu) workers	r s in 20 diffe		Yes	s during :] No		/ MM DD	/

18.	DOMESTIC EMPLOYERS: Have you or will you pay \$1,000 or more in a calen service in a private home, college club, fraternity o date this occurred or will occur.		🗌 Yes 🗌 No	////
19.	NON-PROFIT ORGANIZATIONS: (Attach a cop	y 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 during a calendar year? If yes, enter the date this		🗌 Yes 🗌 No	////////
20.	GOVERNMENTAL ENTITY: (check one type belo Federal State Lo			
21.	If you are not otherwise subject to the unemploym 20), do you wish to voluntarily cover your employe			15-
22.	Have you ever paid Federal Unemployment Tax (F If yes, for what year(s)?	FUTA)?		Yes No
23.	If you have acquired, transferred assets or merged business, including changes, such as from a sole p			
	a. Name of Former Owner:	Organizational Name, including Trad	e Name)	
	b. Former Owner's N.C. UI Tax Number:			
	c. Former Owner's Address:			
	Street d. On what date did you acquire or change the b	ousiness? / /	City	State Zip Code
		MM DD	YYYY	
	e. Did you acquire all or a portion of the former		s? □All □ P	ortion (Specify) %
	e. Did you acquire all or a portion of the formerf. Was the business in operation at the time you	owner's North Carolina busines		Portion (Specify) %
	f. Was the business in operation at the time you	owner's North Carolina busines acquired it? Yes No D	ate Closed	Portion (Specify) % /// DDYYYY
	f. Was the business in operation at the time youg. Was the business in bankruptcy at the time you	owner's North Carolina busines acquired it? Yes No D ou acquired it? Yes Yes -	ate Closed MM No	
	f. Was the business in operation at the time you	owner's North Carolina busines acquired it? Yes No D ou acquired it? Yes Yes -	ate Closed	
24.	 f. Was the business in operation at the time you g. Was the business in bankruptcy at the time you h. Does the former owner continue to have empl Do you have workers who perform services for you 	owner's North Carolina busines acquired it? Yes No D ou acquired it? Yes Yes oyees in North Carolina? ur business whom you consider to	ate Closed No] Yes 🗌 No	
24. 25.	 f. Was the business in operation at the time you g. Was the business in bankruptcy at the time yo h. Does the former owner continue to have empl Do you have workers who perform services for you independent contractors? If yes, see instructions for List owners (parent corporation, sole proprietor, <u>Al</u> 	owner's North Carolina busines acquired it? Yes No Da ou acquired it? Yes Yes oyees in North Carolina? ur business whom you consider to or list to be attached.	ate Closed MM No Yes No o be self-employed or	//
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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.