

STATUS REPORT C-1 (03/11)

**COMPLETE BOTH PAGES OF THIS FORM, AND RETURN WITHIN 10 DAYS
 OR GO TO "EMPLOYER APPLICATIONS" ON THE LEFT AT WWW.LABOR.VERMONT.GOV.**

**INCOMPLETE FORMS WILL
 DELAY REGISTRATION.**

YOU WILL BE INFORMED OF YOUR VERMONT UI LIABILITY

1. FEDERAL ID NUMBER

		-							
--	--	---	--	--	--	--	--	--	--

2. EMPLOYER'S LEGAL NAME		5. MAILING ADDRESS		STREET	
3. TRADE OR DBA NAME (LIST ALL)		CITY	STATE	ZIP CODE	
4. ATTENTION OR C/O NAME		5A. E-MAIL ADDRESS/WEB ADDRESS		5B. TELEPHONE NUMBER	
				5C. FAX NUMBER	

6. TYPE OF ORGANIZATION (CHECK ONE) SOLE-PROPRIETORSHIP OR DOMESTIC PARTNERSHIP CO-OWNER (Husband/Wife or Civil Union Partners)

501 (c)(3) CORPORATION, **MUST ATTACH IRS EXEMPTION** ASSOCIATION TRUSTEE IN BANKRUPTCY

LIMITED LIABILITY COMPANY (LLC/LLP/L3C) CORPORATION, SPECIFY STATE AND DATE OF INCORPORATION _____

6A. LIST BELOW THE OWNER(S), PARTNERS, MEMBERS/MANAGERS OR OFFICERS:

NAME	SOCIAL SECURITY NO.	TITLE	HOME ADDRESS (NO P.O. BOXES)

MULTISTATE WORKERS

EMPLOYEE(S) THAT WORK FOR YOU IN ANOTHER STATE IMMEDIATELY BEFORE WORKING IN VERMONT, MAY BE EXEMPT FROM VERMONT UNEMPLOYMENT COVERAGE. THIS MEANS THEY WOULD NOT BE REPORTABLE ON THIS FORM OR ON VERMONT UNEMPLOYMENT TAX RETURNS. TO LEARN MORE, GO TO WWW.LABOR.VERMONT.GOV, "BUSINESSES", "UNEMPLOYMENT TAX AND BENEFIT INFORMATION", AND UNDER RELATED LINKS, "LOCALIZATION".

7A. FIRST DATE OF EMPLOYMENT IN VERMONT: _____ DATE FIRST WAGES PAID IN VERMONT: _____

7B. HAS YOUR ORGANIZATION PAID FEDERAL UNEMPLOYMENT TAX IN PRIOR YEARS? NO YES, LIST YEARS _____

7C. ENTER THE NUMBER OF WORKERS FOR EACH WEEK AND THE TOTAL GROSS WAGES PAID FOR EACH CALENDAR QUARTER EMPLOYMENT OCCURRED. IF EMPLOYMENT OCCURRED PRIOR TO THE CALENDAR YEARS LISTED BELOW, PLEASE ATTACH ADDITIONAL SHEETS WITH THE NEEDED INFORMATION. **DO NOT ESTIMATE FUTURE WAGES. A WORKER IS ANYONE PERFORMING SERVICES FOR YOUR BUSINESS, UNLESS THEY ARE EXEMPT UNDER UNEMPLOYMENT.**

CALENDAR YEAR 2011 - ENTER NUMBER OF WORKERS IN EACH WEEK ENTER QUARTERLY GROSS WAGES PAID

1-Jan	8-Jan	15-Jan	22-Jan	29-Jan	5-Feb	12-Feb	19-Feb	26-Feb	5-Mar	12-Mar	19-Mar	26-Mar	
2-Apr	9-Apr	16-Apr	23-Apr	30-Apr	7-May	14-May	21-May	28-May	4-Jun	11-Jun	18-Jun	25-Jun	
2-Jul	9-Jul	16-Jul	23-Jul	30-Jul	6-Aug	13-Aug	20-Aug	27-Aug	3-Sep	10-Sep	17-Sep	24-Sep	
1-Oct	8-Oct	15-Oct	22-Oct	29-Oct	5-Nov	12-Nov	19-Nov	26-Nov	3-Dec	10-Dec	17-Dec	24-Dec	
													31-Dec

CALENDAR YEAR 2010 - ENTER NUMBER OF WORKERS IN EACH WEEK ENTER QUARTERLY GROSS WAGES PAID

2-Jan	9-Jan	16-Jan	23-Jan	30-Jan	6-Feb	13-Feb	20-Feb	27-Feb	6-Mar	13-Mar	20-Mar	27-Mar
3-Apr	10-Apr	17-Apr	24-Apr	1-May	8-May	15-May	22-May	29-May	5-Jun	12-Jun	19-Jun	26-Jun
3-Jul	10-Jul	17-Jul	24-Jul	31-Jul	7-Aug	14-Aug	21-Aug	28-Aug	4-Sep	11-Sep	18-Sep	25-Sep
2-Oct	9-Oct	16-Oct	23-Oct	30-Oct	6-Nov	13-Nov	20-Nov	27-Nov	4-Dec	11-Dec	18-Dec	25-Dec

DEPARTMENT USE ONLY

STATUS NAICS	COUNTY	TOWN	LMI NAICS	LIABLE <input type="checkbox"/> NO <input type="checkbox"/> YES	REPORTS DUE <input type="checkbox"/> NONE	EXAMINED BY	DATE
				LIABLE ESTAB	IN UC <input type="checkbox"/>	TICKLE DATE	
LIAB CODE	TYPE <input type="checkbox"/> NEW <input type="checkbox"/> RTA, SAME NO. <input type="checkbox"/> RTA, NEW NO.	<input type="checkbox"/> ACS <input type="checkbox"/> PARTIAL <input type="checkbox"/> FULL, TRANSFER EXPERIENCE	PREDECESSOR OR OLD NO. _____	RATES			

8. VERMONT PHYSICAL LOCATION WHERE SERVICES ARE PERFORMED - STREET (NOT RFD OR P.O. BOX #)			TELEPHONE NUMBER
CITY	STATE	ZIP CODE	FAX NUMBER
9. DO YOU HAVE WORKERS PERFORMING SERVICES FOR YOUR BUSINESS WHOM YOU CONSIDER TO BE SELF-EMPLOYED OR INDEPENDENT CONTRACTORS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE ATTACH A LIST PROVIDING NAME, ADDRESS, TELEPHONE AND TYPE OF SERVICE PROVIDED/PERFORMED.			
10. DID YOU ACQUIRE THE ORGANIZATION, TRADE, BUSINESS OR ANY ASSETS OF ANY OTHER VERMONT EMPLOYER? <input type="checkbox"/> YES - Complete items 11A-11F and 12 <input type="checkbox"/> NO, GO TO ITEM 12 DID YOU INCORPORATE YOUR VERMONT PROPRIETORSHIP OR PARTNERSHIP? <input type="checkbox"/> YES - Account No.: _____ If YES, Complete items 11A-11F <input type="checkbox"/> NO - Go to item 12			
11A. DID YOU ACQUIRE <input type="checkbox"/> ALL? <input type="checkbox"/> PART? 11B. DATE ACQUIRED _____			
11C. UNEMPLOYMENT ACCOUNT NUMBER OF BUSINESS ACQUIRED _____			
11D. NAME OF BUSINESS ACQUIRED _____			
11E. NUMBER OF EMPLOYEES RETAINED FROM FORMER OWNER <input type="checkbox"/> NONE <input type="checkbox"/> SOME <input type="checkbox"/> ALL <input type="checkbox"/> HOW MANY? _____			
11F. HOW WAS BUSINESS ACQUIRED? (check one) <input type="checkbox"/> PURCHASE <input type="checkbox"/> MERGER <input type="checkbox"/> FRANCHISE <input type="checkbox"/> ENTITY CHANGE <input type="checkbox"/> LEASE (SPECIFY NATURE OF THE LEASE) _____			
12. HAVE YOU EVER HAD A VERMONT UNEMPLOYMENT ACCOUNT NUMBER FOR THIS BUSINESS OR ANY OTHER LEGAL BUSINESS ENTITY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE FULL BUSINESS NAME _____			
NATURE OF BUSINESS ACTIVITY			
13A. PROVIDE A DETAILED DESCRIPTION OF THE NATURE OF ACTIVITY IN VERMONT.		13B. LIST PRINCIPLE PRODUCT(S) OR SERVICE(S), IN ORDER OF IMPORTANCE.	
13C. PLEASE SELECT THE APPROPRIATE CATEGORY BELOW WHICH CLOSELY DESCRIBES YOUR BUSINESS IN VERMONT. IF YOU HAVE MULTIPLE BUSINESS TYPES, PLEASE SPECIFY THE PERCENTAGES IN 13A. ABOVE. PLEASE BE SURE TO PROVIDE DETAILS IN 13A AND 13B.			
<input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting	<input type="checkbox"/> Transportation & Warehousing	<input type="checkbox"/> Educational Services	
<input type="checkbox"/> Mining	<input type="checkbox"/> Information	<input type="checkbox"/> Health Care & Social Assistance	
<input type="checkbox"/> Utilities	<input type="checkbox"/> Finance & Insurance	<input type="checkbox"/> Arts, Entertainment & Recreation	
<input type="checkbox"/> Construction	<input type="checkbox"/> Real Estate & Rental & Leasing	<input type="checkbox"/> Accommodation & Food Services	
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Professional, Scientific & Technical Services	<input type="checkbox"/> Other Services (Except Administrative)	
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Management of Companies & Enterprises	<input type="checkbox"/> Public Administration	
<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Administrative & Waste Services		
IF YOU ARE UNSURE OF THE CATEGORY IN WHICH YOUR BUSINESS FALLS, CONTACT LABOR MARKET INFORMATION AT (802) 828-3868 OR ACCESS THE WEB AT HTTP://WWW.NAICS.COM/SEARCH.HTM FOR MORE INFORMATION.			
14. ENTER THE NUMBER OF ESTABLISHMENTS THE ABOVE BUSINESS OPERATES IN VERMONT INCLUDE: Home(s) of personnel, when the company does not have an office or worksite in Vermont. EXCLUDE: Locations that are temporary (exist less than 1 year) or are not staffed on a regular basis.			If more than ONE location, attach a list specifying each location with the STREET ADDRESS, CITY AND THE NUMBER OF WORKERS AT EACH LOCATION.
15. PERSON IN POSSESSION OF PAYROLL RECORDS	TITLE	PHONE	FAX
16. SIGNATURE OF OWNER, PARTNER, OFFICER OF CORP., OR HEAD OF HOUSEHOLD		TITLE	DATE