

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 CODE

ALL INFORMATION PROVIDED WILL BE KEPT STRICTLY CONFIDENTIAL
PLEASE TYPE OR PRINT. RETURN WITHIN 10 DAYS

DO NOT WRITE IN THIS SPACE			
ACCOUNT NUMBER:			
LB.	LE.	C.H.	LA.
AREA	RATE	IND.	OWNER
BY	DATE	PARENT NUMBER	

COMPLETE BOTH SIDES OF THIS APPLICATION **PLEASE PRINT OR TYPE ALL INFORMATION**

1. OWNER, PARTNERSHIP, OR CORPORATE CHARTER NAME

3. PHYSICAL LOCATION OF BUSINESS REQUIRED (No P.O. Box)

STREET _____

CITY _____ COUNTY (REQUIRED) _____ STATE _____ ZIP _____

6. MAILING ADDRESS (FOR ALL CORRESPONDENCE)

IN CARE OF _____

STREET _____

CITY _____ COUNTY (REQUIRED) _____ STATE _____ ZIP _____

9. LOCATION OF RECORDS (No P.O. Box)

10. TYPE OF OWNERSHIP

SOLE PROPRIETOR (ONE OWNER) PARTNERSHIP (TWO OR MORE OWNERS)

LLC/LLP SC CORPORATION DATE INC. _____

FOREIGN CORPORATION (ATTACH COPY OF ARTICLES OF CERTIFICATE OF AUTHORITY)

UNINCORPORATED ASSOCIATION; ENTER LEGAL NAME _____

OTHER (EXPLAIN) _____

2. TRADE NAME (DOING BUSINESS AS)

4. BUSINESS PHONE NUMBER _____ **DAY TIME PHONE NUMBER** _____

5. FEDERAL IDENTIFICATION NUMBER

7. TYPE OF BUSINESS

<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 AND SUPPORT, WASTE MANAGEMENT & REMEDIATION SERVICES (56)
<input type="checkbox"/> CONSTRUCTION (23)	<input type="checkbox"/> EDUCATION SERVICES (61)
<input type="checkbox"/> MANUFACTURING (31-33)	<input type="checkbox"/> HEALTH CARE AND 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"/> ACCOMMODATION & FOOD SERVICES (72)
<input type="checkbox"/> TRANSPORTATION & WAREHOUSING (48-49)	<input type="checkbox"/> OTHER SERVICES (81)
<input type="checkbox"/> INFORMATION (51)	<input type="checkbox"/> PUBLIC ADMINISTRATION (91-93)
<input type="checkbox"/> FINANCE & INSURANCE (52)	
<input type="checkbox"/> REAL ESTATE, RENTAL & LEASING (53)	

8. MAIN BUSINESS (I.E., RETAIL FURNITURE SALES)

8a. CHECK IF YOU SELL THESE PRODUCTS (FOR SOLID WASTE PURPOSES)

MOTOR OIL LEAD ACID BATTERIES TIRES LARGE APPLIANCES

8b. DO YOU SELL AVIATION GASOLINE? YES NO

8c. DO YOU PROVIDE SERVICE TO CELLULAR AND PERSONAL COMMUNICATIONS USERS? YES NO

11. NAME(S) OF BUSINESS OWNER, GENERAL PARTNERS, OR OFFICERS:

SOCIAL SECURITY NUMBER	NAME/TITLE/GENERAL PARTNERS	HOME ADDRESS	IF PARTNER PERCENT OWNED

ARE YOU A SC RESIDENT? (Y/N) _____ **HOW LONG HAVE YOU LIVED IN SC?** _____ **(YEARS, MONTHS)**

12. HAVE YOU:

A. ACQUIRED ANOTHER BUSINESS? YES NO

MERGED WITH ANOTHER BUSINESS? YES NO

FORMED A CORPORATION OR PARTNERSHIP? YES NO

MADE ANY OTHER CHANGE IN THE OWNERSHIP OF YOUR BUSINESS? YES NO

B. DID YOU ACQUIRE: ALL OF THE SOUTH CAROLINA OPERATIONS?

PART OF THE SOUTH CAROLINA OPERATIONS?

PERCENTAGE ACQUIRED: _____

C. DATE ACQUIRED OR CHANGED: _____

WAS THE BUSINESS OPERATING AT THE TIME OF ACQUISITION OR CHANGE? YES NO

DATE CLOSED: _____

DOES THE FORMER OWNER OR LEGAL ENTITY CONTINUE TO HAVE EMPLOYEES? YES NO

D. FORMER OWNER'S S.C.D.E.W. ACCOUNT NUMBER: _____

FORMER OWNER'S S.C. TAX ACCOUNT NUMBER: _____

E. NAME OF BUSINESS ACQUIRED: _____

(Full organization name including trade name)

ADDRESS OF FORMER OWNER: _____

13. FIRST DATE OF EMPLOYMENT IN S.C. _____ **14. ANTICIPATED DATE OF FIRST S.C. PAYROLL** _____ **15. Estimated Number of Employees in S.C.** _____

mo./day/year mo./day/year

16. IS BUSINESS WITHIN SC MUNICIPAL LIMITS? YES NO WHICH CITY? _____

17. IS YOUR BUSINESS SEASONAL? YES 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 S.C. WORKERS BY CALENDAR QUARTER BEGINNING WITH DATE IN ITEM 13.

YEAR 20____	JANUARY 1 THRU MARCH 31	APRIL 1 THRU JUNE 30	JULY 1 THRU SEPTEMBER 30	OCTOBER 1 THRU DECEMBER 31
YEAR 20____	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, SALESMAN, OFFICERS, ETC.)

CALENDAR YEAR 20____	JANUARY				FEBRUARY				MARCH				APRIL				MAY				JUNE			
	JULY				AUGUST				SEPTEMBER				OCTOBER				NOVEMBER				DECEMBER			

CALENDAR YEAR 20____	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 CHARITABLE PURPOSES? YES NO IF YES, ATTACH A COPY OF THE 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 COUNTY 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

_____, 20____
DATE SIGNED AND SUBMITTED

NAME OF EMPLOYING UNIT

BY

TAX CONTACT EMAIL: _____

OFFICIAL POSITION

BENEFITS CONTACT EMAIL: _____

UPON COMPLETION OF THIS FORM SIGN, DATE, AND MAIL TO: SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
EMPLOYER STATUS UNIT
POST OFFICE BOX 995
COLUMBIA, SOUTH CAROLINA 29202