# UC-201-B-NP

Rev. 9-93

### NONPROFIT ORGANIZATION

Supplement to Employer’s Initial Statement

WORKFORCE WEST VIRGINIA

UNEMPLOYMENT COMPENSATION DIVISION

112 California Avenue

Charleston, WV 25305

1. Is your organization a nonprofit corporation, community chest, fund or foundation, operated exclusively for

charitable, scientific, literary, or educational purposes? \_\_\_[ ] \_\_ Yes \_\_\_[ ] \_\_ No

Specify the purpose for which your organization was created: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\* Attach copy of U.S. Treasury Letter

1. Did your organization employ four or more individuals for some portion of a day in each of twenty different

calendar weeks, which weeks need not be consecutive, within either the current calendar year or the preceding

calendar year? \_\_\_\_[ ] \_ Yes [ ] \_\_\_\_\_ No

1. If your organization is found liable under the Unemployment Compensation Law, how do you elect to finance

the cost of unemployment benefits? \_\_[ ] \_\_\_ On a regular \_\_[ ] \_\_\_ On a reimbursement

 tax basis basis

1. I affirm that I have read the questions and that the answers are true to the best of my knowledge and belief.

Name of Organization \_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SIGNATURE OF OFFICER TITLE DATE

\* If you choose to finance the cost of unemployment benefits on a reimbursement basis,

please complete the enclosed form, WVUC-A-180, BENEFITS REIMBURSEMENT

AGREEMENT, and return both forms to the STATUS DETERMINATION UNIT.