

**EMPLOYER'S INITIAL STATEMENT
WORKFORCE WEST VIRGINIA
UNEMPLOYMENT COMPENSATION DIVISION**

Required by Article 10, Section 11 of the West Virginia Unemployment Compensation Law

RETURN ORIGINAL WITHIN TEN DAYS

DO NOT WRITE IN THIS SECTION

1. Name(s)	Telephone Number
DBA	
Business Address and Zip Code	
Mailing Address and Zip Code	
E-mail Address	
County	Federal Number

Effective Date:	
Liable Date:	
Provision:	
Decision By:	Date:
Fed ID No:	
State ID No:	
Rate:	Merit Year:

2. Physical location of business (be specific):

3. Name, street address, telephone number, and person to contact where payroll records are maintained:

4. (a) Check (X) form of organization:

<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Domestic Only	<input type="checkbox"/> Agricultural Only
<input type="checkbox"/> LLC	If you are an LLC, do you file with the IRS as a corporation? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<input type="checkbox"/> Corporation	State of Incorporation _____	Date of Incorporation _____	
<input type="checkbox"/> Governmental Entity, Political Subdivision, or Instrumentality	<input type="checkbox"/> Taxable	<input type="checkbox"/> Reimbursable	
<input type="checkbox"/> Nonprofit organization exempt from income tax under IRS Code Section 501(C) (3) ONLY.			
Attach copy of U.S. Treasury letter giving this exemption. <input type="checkbox"/> Taxable <input type="checkbox"/> Reimbursable			

(b) List Name, Social Security Number and Resident Address of Proprietor; all Partners, LLC members or Officers of the Corporation.

Name and Title	Social Security Number (Required)	Resident Address (Required)

5. Nature of Business: _____ WV Location: _____

6. If you have been assigned an Employer Account Number by this Division, please enter the number here: _____

7. Date you began operation in West Virginia: ____/____/____ Date first wages paid in West Virginia: ____/____/____
 Business/assets/employees acquired from another employer? Yes No If Yes, enter date: ____/____/____
 Give name address and zip code of predecessor; also, federal reporting and State U.I. numbers (if known)

Federal Number _____	State UI Number _____
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8. Have you ever or do you expect to employ at least ONE worker in 20 different calendar weeks during a calendar year? No Yes Month _____ Year _____
 If Yes, in what earliest month and year will the 20th week occur?

9. Have you or do you expect to have a quarterly payroll of \$1,500? No Yes Quarter _____ Year _____
 If Yes, in what earliest quarter and year will the payroll occur?

10. Have you or do you expect to employ in any calendar year, 10 or more agricultural workers in 20 different calendar weeks? No Yes Month _____ Year _____
 If Yes, in what earliest month and year will the 20th week occur?

11. Have you or do you expect to have a \$20,000 quarterly payroll of agricultural workers in any year? No Yes Quarter _____ Year _____
 If Yes, in what earliest quarter and year will the payroll occur?

12. Have you or do you expect to have a \$1,000 quarterly payroll of domestic (housekeepers, babysitters, etc.) workers in any year? No Yes Quarter _____ Year _____
 If Yes, in what earliest quarter and year will the payroll occur?

13. If you are a nonprofit organization with a 501 (c)(3) exemption, have you or do you expect to employ four or more workers in 20 different calendar weeks during a calendar year? No Yes Month _____ Year _____
 If Yes, in what earliest month and year will the 20th week occur?
Please furnish a copy of exemption letter.

14. Are you liable for the Federal Unemployment Tax? Yes No If Yes, in what year did you become liable?
 In what states? _____

15. State the number of Individuals working in West Virginia: _____ In other states: _____

16. Enter the greatest number of employees you had in any one day in the calendar week. Include part-time and extra workers as well as your regular employees. Partners of a partnership are not employees. An individual proprietor of a proprietorship is not an employee. OFFICER'S SALARIES ARE REPORTABLE. Wages of the members of a limited liability company are reportable if the LLC files with the IRS as a corporation but are not reportable if the LLC files with the IRS as a partnership. (Work performed in the employ of a son, daughter, or spouse, or work performed by a child under 18 in the employ of his mother or father, is excluded from the definition of employment.)

FOR CALENDAR YEAR _____												FOR CALENDAR YEAR _____											
CALENDAR WEEKS												CALENDAR WEEKS											
	1ST	2ND	3RD	4TH	5TH		1ST	2ND	3RD	4TH	5TH		1ST	2ND	3RD	4TH	5TH		1ST	2ND	3RD	4TH	5TH
JAN						JUL						JAN						JUL					
FEB						AUG						FEB						AUG					
MAR						SEP						MAR						SEP					
APR						OCT						APR						OCT					
MAY						NOV						MAY						NOV					
JUN						DEC						JUN						DEC					

17. Show quarterly and yearly wages if one or more individuals are employed for any part of a day.

WEST VIRGINIA PAYROLLS	CALENDAR QUARTER ENDING MARCH 31	CALENDAR QUARTER ENDING JUNE 30	CALENDAR QUARTER ENDING SEPT. 30	CALENDAR QUARTER ENDING DEC 31	TOTAL FOR YEAR
PRECEDING YEAR _____					
CURRENT YEAR _____					

If you have not started business, check here Give estimated start date _____ Sign on line 18.

18. CERTIFICATION: This report must be signed by owner if business is operated as an individual proprietorship; by an authorized partner if business is operated as a partnership or joint venture; by an authorized member of an LLC; by an authorized officer of an incorporated business. Signatures of any other party will not be accepted unless this form is accompanied by a valid power of attorney.

Date _____ Signature _____ Title _____

Date _____ Signature _____ Title _____

Date _____ Signature _____ Title _____

Date _____ Signature _____ Title _____

GENERAL INSTRUCTIONS

- Item 1. Enter the name, business address, mailing address if different than the business address, telephone number and federal employer identification number (FEIN) of your business. If you do not have a FEIN, contact the Internal Revenue Service at 1-800-829-4933 or at www.irs.gov. Also, enter the West Virginia County where your business is located.
- Item 2. Enter the physical location of business if different than your business and/or mailing address.
- Item 3. Enter the name, address, and telephone number of the individual you wish to be contacted concerning your payroll records.
- Item 4(a). Choose your appropriate form of organization.
- Item 4(b). Enter the name, title, social security number and resident address of the owner of a sole proprietorship, each partner of a Partnership, each member of a LLC or each officer of a corporation.
- Item 5. Enter the nature of your business and the city in West Virginia where your business is located.
- Item 6. Enter your West Virginia Unemployment Compensation account number if one has been issued.
- Item 7. Enter the date you began having employees in West Virginia and the date first wages were paid in West Virginia. Please furnish the month, day, and year. If you acquired any assets from another business, please furnish the date of acquisition along with the name, address, and account number of the predecessor.
- Items 8-13. Enter the month, year and quarter for provisions applying to your business type.
- Item 14. Enter the year you became liable for Federal Unemployment tax and in which state this occurred.
- Item 15. Enter the number of individuals working in West Virginia and the number of individuals working in other states.
- Item 16. Enter the number of employees by week. Include only employees working in West Virginia.
- Item 17. Enter the amount of quarterly and yearly wages in the current and preceding year or the estimated start date if you have not started your business.
- Item 18. Affix only proper signatures in order for application to be processed.

Please return completed form by mail or fax: Status Determination Unit
P. O. Box 106
Charleston, West Virginia 25321
Fax number: 304-558-1324
Email: uctaxunit@wv.gov