



This report is to be filled in and returned to this office within 10 days of receipt whether or not you are liable for assessments under Part III, Title 19, Delaware Code

**REPORT TO DETERMINE LIABILITY AND IF LIABLE APPLICATION FOR EMPLOYER ACCOUNT NUMBER**

**(DO NOT FILL IN THIS SPACE)**

Employer Number \_\_\_\_\_  
Ind. Code and Area \_\_\_\_\_  
Effective Date of Liability \_\_\_\_\_  
Assessment Rate \_\_\_\_\_  
Status Date \_\_\_\_\_

**FILL IN WITH TYPEWRITER OR PRINT IN INK - ALL QUESTIONS MUST BE ANSWERED**

1. Name of Employer and Trade Name, if any.

1a. Federal Employer's Identification Number

5. Have you:

- 1. Started new business
- 2. Purchased going business (Attach Explanation)
- 3. Just begun having employment
- 4. Reorganization (Attach Explanation)
- 5. Other (Attach Explanation)

2. Street Address and Telephone Number of Main Office

6. Ownership Information

Is Business Publicly Held Yes  No   
If yes, provide name and Federal Employer Identification Number of controlling entity:

3. Address to which employer's report forms and mail are to be sent. Outside representative must file a **notarized** power of attorney.

If no, complete ownership information below. If more than one owner, attach additional information. Percentage of ownership must total 100%

3a. E-Mail Address:

Name

4. Have you previously filed an application for a Delaware Account number? Yes  No

Social Security Number

Addresses

% of Ownership

7. On what date did you first employ any workers in Delaware?

8. Are you liable as an employer under the Unemployment Compensation Laws in any other State?  
Yes  No

9. Do you own or control any other employing unit in Delaware?

7a. Will Gross Payroll meet or exceed \$1,500.00 in either the 3<sup>rd</sup> or 4<sup>th</sup> Quarter?  
Yes  No

No   
Yes  Account # \_\_\_\_\_

10. State total number of workers in covered employment in Delaware and total payroll by calendar quarter. If unknown, you may estimate these numbers.

**Effective 1/1/96, wages of all corporate officers are reportable.**

	MARCH		JUNE		SEPTEMBER		DECEMBER	
	Employees	Payroll	Employees	Payroll	Employees	Payroll	Employees	Payroll
2005								
2006								
2007								
2008								
2009								

11. Check (✓) form of organization
- Individual
  - Partnership
  - Delaware Corporation
  - Out-Of-State Corporation
  - Non-Profit
  - Estate or Trust
  - LLC (attach # Form 8832) or written explanation**

11a. Date of Incorporation \_\_\_\_\_

**COMPLETE REPORT ON REVERSE SIDE AND SIGN**

**12. NATURE AND PLACE OF BUSINESS IN DELAWARE (Indicate In Sections a, b, c, d, and e)**

(a) Street Address (Number & Name)

(b) City/County

(c) Zip Code

(d) Principal Types of Activity  
(Manufacturer Word Furniture, Food Super Market, Truck Rental Etc.) EXPLAIN FULLY

Percent  
of  
Total

(e) Principal Products or Services (Leather Gloves, Electric Motors, TV Repairs, etc)  
EXPLAIN FULLY

Percent of  
Total

**Total 100.00**

**Total 100.00**

13. Will any employee work primarily in Delaware? **Yes**  **No**

If yes, skip 13(a). Go to #14

If no, complete 13(a) before going to #14.

13(a). Will any employee perform **some** work in Delaware? **Yes**  **No**

If no, go to #14

If yes, attach explanation. For each employee who does not work primarily in Delaware, list all States where work is performed, the State where the base of operations is located, the State from which work is directed, and the employee's State of residence.

14. Name, title, address and **telephone number** of officer or representative to furnish payroll information.

15. Have you acquired the organization, trade or business or substantially all of the assets of another employing unit? **Yes**  **No**

If yes, provide the name and Federal Identification Number of the acquired entity.

16. If you have reorganized has the ownership and management remained substantially the same? **Yes**  **No**

**THIS REPORT MUST BE SIGNED HERE BY THE OWNER OR DULY AUTHORIZED REPRESENTATIVE**

It is hereby certified that the information in this report and in any attached sheets is true and correct, to the best of my knowledge, and is submitted with fully knowledge that there are penalties prescribed by the law for misstatements. **Application will not be processed without an authorized signature.**

(Signature Required)

Title

Date

(Business Name)

**NON-PROFIT EMPLOYERS ONLY**

17. (a). Please submit the following documents:

- (1) Copy of charter or articles on incorporation and by-laws
- (2) Copy of Internal Revenue Status under IRS Code (Sec. 501-a)

(b). Do you employ four (4) or more employees? **Yes**  **No**

(c). Do you elect the reimbursement method in lieu of paying assessments? **Yes**  **No**

If yes, the department will send you form COM-4069

(d) Do you wish to make reimbursement payments with another employer and establish a group account? **Yes**  **No**

If answer is yes, list the names and addresses of all employers in the group and the name and address of the group representative who will act as the agent responsible for the disbursement of timely payments to the State of Delaware.