



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

2. Street Address and Telephone Number of Main Office

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

3a. E-Mail Address:

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

5. Have you:

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

6. Ownership Information

Is business publicly held? Yes No

If yes, provide name and Federal Identification Number of controlling entity:

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

Name
Social Security Number
Addresses

% of Ownership

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

Will Gross Payroll meet or exceed \$1,500.00 in either the 3rd or 4th Quarter? Yes No

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?

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		SEPT.		DEC.	
	Employees	Payroll	Employees	Payroll	Employees	Payroll	Employees	Payroll
1998								
1999								
2000								
2001								
2002								

11. Check (✓) form of organization

- Individual
- Partnership
- Delaware Corporation
- Out-Of-State Corporation
- Non-Profit
- Estate or Trust
- LLC (attach # Form 8832)

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) City or Town _____

(b) County _____

(c) State _____

(d) Principal Types of Activity (Manufacturer Wood 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, addresses 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.

If yes, do you wish to apply for a transfer of employment experience? Yes No **Application attached:**
 If yes, the Department will send you form UC-411 for you to complete and return.

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 the full knowledge that there are penalties prescribed by law for misstatements. **Application will not be processed without an original signature.**

 (Original 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 have in your 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.