

TECHNOLOGY DEPENDENT WAIVER EMPLOYER PAPERWORK CHECKLIST

DOCUMENT NAME	REQUIRED/OPTIONAL
Set-Up Form	Required
Form SS-4: Application for Employer Identification Number	Required
Form 2678: Employer/Payer Appointment of Agent	Required
Form 8821: Tax Information Authorization	Required
Domestic Employment Status Report	Required

NOTE:

Please ensure all **REQUIRED** documents are filled out accurately before submitting them for processing.



EMPLOYER SET-UP FORM

Instructions: Please fill out any information in Sections 1 and 2, where applicable. Employees are required to sign and date at the bottom of the form. If an employee has an Authorized Representative, the AR must also sign and date the form. Please submit the completed form to **AssuranceSD** via one of the following options below:

Mail:
2150 S 1300 E,
Suite 500
Salt Lake City, UT 84106

Email:
UT@premier-fms.com

Fax:
(855) 500-4521

EMPLOYER'S INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ County: _____

Email Address: _____

Date of Birth: ____ / ____ / _____ Social Security Number: _____ - _____ - _____

PERSON RECEIVING SERVICES

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ County: _____

Email Address: _____

Date of Birth: ____ / ____ / _____ Social Security Number: _____ - _____ - _____

AUTHORIZED REPRESENTATIVE INFORMATION *(If applicable)*

First Name: _____ Middle Initial: _____ Last Name: _____

By signing below, you certify that the information on this form is accurate and that you have all supporting documentation that may be needed to verify your selection.

Employer Signature: _____ Date: ____ / ____ / _____

Authorized Representative Signature: _____ Date: ____ / ____ / _____

Application for Employer Identification Number
(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, Indian tribal entities, certain individuals, and others.)
▶ Go to www.irs.gov/FormSS4 for instructions and the latest information.
▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN _____

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <div style="text-align:right;">, HCSR</div>					
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name				
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 10425 W North Ave, Suite 345	5a Street address (if different) (Don't enter a P.O. box.)				
	4b City, state, and ZIP code (if foreign, see instructions) Milwaukee, WI 53226	5b City, state, and ZIP code (if foreign, see instructions)				
	6 County and state where principal business is located					
	7a Name of responsible party <div style="text-align:right;">, HCSR</div>	7b SSN, ITIN, or EIN <div style="text-align:center;">- -</div>				
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input type="checkbox"/> No	8b If 8a is "Yes," enter the number of LLC members ▶					
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No						
9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.						
<table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align:top;"> <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ HCSR </td> <td style="width:50%; vertical-align:top;"> <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any ▶ _____ </td> </tr> </table>		<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ HCSR	<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any ▶ _____			
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ HCSR	<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any ▶ _____					
9b If a corporation, name the state or foreign country (if applicable) where incorporated	State _____ Foreign country _____					
10 Reason for applying (check only one box)						
<table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align:top;"> <input type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ HCSR </td> <td style="width:50%; vertical-align:top;"> <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ </td> </tr> </table>		<input type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ HCSR	<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____			
<input type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ HCSR	<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____					
11 Date business started or acquired (month, day, year). See instructions.	12 Closing month of accounting year December					
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.	14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$5,000 or less in total wages.) If you don't check this box, you must file Form 941 for every quarter. <input type="checkbox"/>					
		<table style="width:100%; border:none;"> <tr> <td style="width:33%;">Agricultural</td> <td style="width:33%;">Household</td> <td style="width:33%;">Other</td> </tr> <tr> <td style="text-align:center;">0</td> <td style="text-align:center;">0</td> <td style="text-align:center;">0</td> </tr> </table>	Agricultural	Household	Other	0
Agricultural	Household	Other				
0	0	0				
15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶ N/A						
16 Check one box that best describes the principal activity of your business.						
<table style="width:100%; border:none;"> <tr> <td style="width:33%; vertical-align:top;"> <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance </td> <td style="width:33%; vertical-align:top;"> <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify) ▶ HCSR </td> </tr> </table>		<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify) ▶ HCSR			
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify) ▶ HCSR					
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. HCSR						
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," write previous EIN here ▶						
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.					
	Designee's name Hilary Gilmer	Designee's telephone number (include area code) 855-224-5810				
	Address and ZIP code 10425 W North Ave Suite 345 Milwaukee, WI 53226	Designee's fax number (include area code) 855-471-1731				
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code)				
Name and title (type or print clearly) ▶		Applicant's fax number (include area code)				
Signature ▶		Date ▶				

Do I Need an EIN?

File Form SS-4 if the applicant entity doesn't already have an EIN but is required to show an EIN on any return, statement, or other document.¹ See also the separate instructions for each line on Form SS-4.

IF the applicant...	AND...	THEN...
started a new business	doesn't currently have (nor expect to have) employees	complete lines 1, 2, 4a-8a, 8b-c (if applicable), 9a, 9b (if applicable), and 10-14 and 16-18.
hired (or will hire) employees, including household employees	doesn't already have an EIN	complete lines 1, 2, 4a-6, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10-18.
opened a bank account	needs an EIN for banking purposes only	complete lines 1-5b, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
changed type of organization	either the legal character of the organization or its ownership changed (for example, you incorporate a sole proprietorship or form a partnership) ²	complete lines 1-18 (as applicable).
purchased a going business ³	doesn't already have an EIN	complete lines 1-18 (as applicable).
created a trust	the trust is other than a grantor trust or an IRA trust ⁴	complete lines 1-18 (as applicable).
created a pension plan as a plan administrator ⁵	needs an EIN for reporting purposes	complete lines 1, 3, 4a-5b, 7a-b, 9a, 10, and 18.
is a foreign person needing an EIN to comply with IRS withholding regulations	needs an EIN to complete a Form W-8 (other than Form W-8ECI), avoid withholding on portfolio assets, or claim tax treaty benefits ⁶	complete lines 1-5b, 7a-b (SSN or ITIN as applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
is administering an estate	needs an EIN to report estate income on Form 1041	complete lines 1-7b, 9a, 10-12, 13-17 (if applicable), and 18.
is a withholding agent for taxes on nonwage income paid to an alien (that is, individual, corporation, or partnership, etc.)	is an agent, broker, fiduciary, manager, tenant, or spouse who is required to file Form 1042, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons	complete lines 1, 2, 3 (if applicable), 4a-5b, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
is a state or local agency	serves as a tax reporting agent for public assistance recipients under Rev. Proc. 80-4, 1980-1 C.B. 581 ⁷	complete lines 1, 2, 4a-5b, 7a-b, 9a, 10, and 18.
is a single-member LLC (or similar single-member entity)	needs an EIN to file Form 8832, Entity Classification Election, for filing employment tax returns and excise tax returns, or for state reporting purposes ⁸ , or is a foreign-owned U.S. disregarded entity and needs an EIN to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business	complete lines 1-18 (as applicable).
is an S corporation	needs an EIN to file Form 2553, Election by a Small Business Corporation ⁹	complete lines 1-18 (as applicable).

¹ For example, a sole proprietorship or self-employed farmer who establishes a qualified retirement plan, or is required to file excise, employment, alcohol, tobacco, or firearms returns, must have an EIN. A partnership, corporation, REMIC (real estate mortgage investment conduit), nonprofit organization (church, club, etc.), or farmers' cooperative must use an EIN for any tax-related purpose even if the entity doesn't have employees.

² However, don't apply for a new EIN if the existing entity only (a) changed its business name, (b) elected on Form 8832 to change the way it is taxed (or is covered by the default rules), or (c) terminated its partnership status because at least 50% of the total interests in partnership capital and profits were sold or exchanged within a 12-month period. The EIN of the terminated partnership should continue to be used. See Regulations section 301.6109-1(d)(2)(iii).

³ Don't use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock.

⁴ However, grantor trusts that don't file using Optional Method 1 and IRA trusts that are required to file Form 990-T, Exempt Organization Business Income Tax Return, must have an EIN. For more information on grantor trusts, see the Instructions for Form 1041.

⁵ A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.

⁶ Entities applying to be a Qualified Intermediary (QI) need a QI-EIN even if they already have an EIN. See Rev. Proc. 2000-12.

⁷ See also *Household employer agent* in the instructions. **Note:** State or local agencies may need an EIN for other reasons, for example, hired employees.

⁸ See *Disregarded entities* in the instructions for details on completing Form SS-4 for an LLC.

⁹ An existing corporation that is electing or revoking S corporation status should use its previously-assigned EIN.

Form **2678 Employer/Payer Appointment of Agent**

(Rev. August 2014) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0748

Use this form if you want to request approval to have an agent file returns and make deposits or payments of employment or other withholding taxes or if you want to revoke an existing appointment.

For IRS use:

- If you are an employer or payer who wants to request approval, complete Parts 1 and 2 and sign Part 2. Then give it to the agent. Have the agent complete Part 3 and sign it.

Note. This appointment is not effective until we approve your request. See the instructions for filing Form 2678 on page 3.

- If you are an employer, payer, or agent who wants to revoke an existing appointment, complete all three parts. In this case, only one signature is required.

Part 1: Why you are filing this form...

(Check one)

- You want to **appoint** an agent for tax reporting, depositing, and paying.
- You want to **revoke** an existing appointment.

Part 2: Employer or Payer Information: Complete this part if you want to appoint an agent or revoke an appointment.

1 Employer identification number (EIN)

2 Employer's or payer's name
(not your trade name)

3 Trade name (if any)

4 Address

Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

5 Forms for which you want to appoint an agent or revoke the agent's appointment to file. (Check all that apply.)

**For ALL employees/
payees/payments** **For SOME employees/
payees/payments**

Form 940, 940-PR (Employer's Annual Federal Unemployment (FUTA) Tax Return)*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 943, 943-PR (Employer's Annual Federal Tax Return for Agricultural Employees)	<input type="checkbox"/>	<input type="checkbox"/>
Form 944, 944(SP) (Employer's ANNUAL Federal Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>
Form 945 (Annual Return of Withheld Federal Income Tax)	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-1 (Employer's Annual Railroad Retirement Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-2 (Employee Representative's Quarterly Railroad Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>

*Generally you cannot appoint an agent to report, deposit, and pay tax reported on Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return, unless you are a home care service recipient.

- Check here if you are a home care service recipient, and you want to appoint the agent to report, deposit, and pay FUTA tax for you. See the instructions.

I am authorizing the IRS to disclose otherwise confidential tax information to the agent relating to the authority granted under this appointment, including disclosures required to process Form 2678. The agent may contract with a third party, such as a reporting agent or certified public accountant, to prepare or file the returns covered by this appointment, or to make any required deposits and payments. Such contract may authorize the IRS to disclose confidential tax information of the employer/payer and agent to such third party. If a third party fails to file the returns or make the deposits and payments, the agent and employer/payer remain liable.

X Sign your name here

Print your name here

Print your title here

Date

 / /

Best daytime phone

Now give this form to the agent to complete. ➔

Tax Information Authorization

▶ Go to www.irs.gov/Form8821 for instructions and the latest information.
 ▶ Don't sign this form unless all applicable lines have been completed.
 ▶ Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you. See instructions.

OMB No. 1545-1165
For IRS Use Only
Received by: _____
Name _____
Telephone _____
Function _____
Date _____

1 Taxpayer information. Taxpayer must sign and date this form on line 6.

Taxpayer name and address	Taxpayer identification number(s)
	Daytime telephone number
	Plan number (if applicable)

2 Designee(s). If you wish to name more than two designees, attach a list to this form. **Check here if a list of additional designees is attached** ▶

Name and address <i>Premier Financial Management Services 10425 W North Ave Suite 345 Milwaukee, WI 53226</i>	CAF No. <u>0314-39509R</u> PTIN _____ Telephone No. <u>855-224-5810</u> Fax No. <u>855-471-1731</u>
Check if to be sent copies of notices and communications <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
Check if to be sent copies of notices and communications <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

3 Tax information. Each designee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
Income Tax Withholding and Employment Taxes	940, 940R, 940EZ, 941, 941R, 941X, 941(c), 843, W-2, W-2(c), W-3, W-3(c), SS4	2021-2024	Tax Liability
	0147C Letter		Section 3504 Agent For HCSR per IRM 21.7.13.5.15

4 Specific use not recorded on the Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip line 5 ▶

5 Retention/revocation of prior tax information authorizations. If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior tax information authorizations on file unless you check the line 5 box and **attach a copy** of the tax information authorization(s) that you want to retain ▶
 To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 5 instructions.

6 Taxpayer signature. If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify that I have the legal authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

▶ IF NOT COMPLETED, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

▶ DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Signature	Date
Print Name	Title (if applicable)

Utah Department of Workforce Services

Unemployment Insurance
140 East 300 South
P.O. Box 45288
Salt Lake City, Utah 84145-0288
TEL (801) 526-9235 option 2 • Toll Free 1-800-222-2857 option 2
FAX (801) 526-9236



DOMESTIC EMPLOYMENT STATUS REPORT READ INSTRUCTIONS ON REVERSE SIDE THEN COMPLETE ALL ITEMS

1. Type of Ownership <input checked="" type="checkbox"/> Private Home <input type="checkbox"/> College Clubs <input type="checkbox"/> Other Sorority <input type="checkbox"/> Specify: _____ Fraternity <input type="checkbox"/>				
2. Corporation, trade or business name and mailing address for quarterly contribution (tax) reports: Premier Financial Management Services 10425 W North Ave Suite 345 Milwaukee, WI 53226			4. Federal Employee Identification Number (FEIN): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
3. Telephone Number: (855) 224-5810 Fax Number: (888) 471-1731		5. County in Utah where principal activity is located: <input type="text"/>	6. Number of permanent worksites employing domestic help: 1	
7. Mailing address for Wage and Separation Requests (if different from item 2): Premier Financial Management Services 10425 W North Ave Suite 345 Milwaukee, WI 53226		8. Street address of principal permanent work site in Utah (if different from items 2, 7, or 9):	9. Street address of business headquarters (if different from item 2):	
10. List sole proprietor, general partners, corporate officers or LLC members:				
Name	SSN	Title	Home/Address	Home Phone
HCSR				()
				()
				()
11. Describe in detail the type of domestic employment: (see instructions on reverse side) Services for Persons with Disabilities			12. Date of first payment of wages in Utah: <input type="text"/>	
READ INSTRUCTIONS ON THE REVERSE SIDE BEFORE COMPLETING ITEMS 13-13E				
13. Did you acquire the organization, trade, or business of another operator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type of acquisition: <input type="checkbox"/> Change of ownership <input type="checkbox"/> Merger or reorganization <input type="checkbox"/> Sale, lease or sub-lease <input type="checkbox"/> Purchased assets through court <input type="checkbox"/> Other, please explain: _____				
13a. Name, address and UI account number (if available) of previous owner (predecessor): _____ # _____ Date acquired _____				
13b. Did you acquire all or a portion of the predecessor's organization, trade or business? <input type="checkbox"/> 90% or more <input type="checkbox"/> Less than 90%				
13c. Did you retain all of the predecessor's employees? <input type="checkbox"/> Yes <input type="checkbox"/> No Date acquired _____				
13d. Is your predecessor still in business? <input type="checkbox"/> Yes <input type="checkbox"/> No				
13e. Was predecessor's business closed prior to acquisition? <input type="checkbox"/> Yes <input type="checkbox"/> No Date closed _____				
14. Enter below the amount of wages you have paid in Utah. If you have not paid wages enter "NONE."				
	Jan. 1 to Mar. 31	Apr. 1 to Jun. 30	Jul. 1 to Sep. 30	Oct. 1 to Dec. 31
Current Year:				
Preceding Year:				
15. If you have not paid wages, do you expect to in the future? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Estimated date _____				
16. Are you an employer in a business activity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Name of business _____ Address _____ Current Employer Identification Number _____				
I certify that the information contained in this report is true and correct.				
Name _____		Title HCSR	Telephone Number ()	Date <input style="border: 1px solid red;" type="text"/>

INSTRUCTIONS

The Utah Employment Security Act provides that the Department of Workforce Services must determine the status of each business and each person independently established in a trade, occupation, or profession. This report is to be completed immediately and returned to P.O. Box 45288, Salt Lake City, Utah 84145-0288.

All items must be completed. If an item does not apply to your business, enter N/A (Not Applicable).

Except as indicated below, all items are self-explanatory:

ITEM 2: If you have more than one trade name or business name, also list the name or names by which your company is best known by the public.

ITEM 7: Address of agent or office able to provide wage data, weeks of employment and other information about employees separated from your employment, if different from item 2.

ITEM 8: If there is more than one permanent work site, please attach a separate sheet listing the name, address and telephone number of each site.

ITEM 11: Please describe your primary domestic activity, whether you are a private household employing domestic help, child care services, in-home nursing services; a fraternity or sorority or some other type of domestic activity.

ITEM 12: The definition of wages is currently defined by Section 3306(b), of the Internal Revenue Code of 1986, with modifications, subtractions, and adjustments provided in Section 35A-4-208 Subsections (2), (3), and (4), of the Utah Employment Security Act with regard to how the wage base is determined. Wages means all remuneration for employment including commissions, bonuses, **salaries or draws to corporate officers**, tips and the cash value of all remuneration in any medium other than cash.

Wages in Item 12 refers only to wages for employment covered by the Employment Security Act. Under the Act wages paid for services performed by a **sole proprietor's** spouse, parents or children under the age of 21 are not wages for unemployment. Wages paid to the entity owner (i.e. sole proprietor, partners and LLC members) are not wages for unemployment.

ITEM 13: If you acquired (in whole or part) the business activity previously conducted by another entity, or if the business entity has changed (for example, from a proprietorship to a corporation, even if the owners are still principally the same) please complete Items 13-13e. "Acquired" means to have obtained the use of the business or assets through any legal means. It is not necessary to purchase the assets in order to have acquired them, nor is it necessary for your predecessor to have actually owned the business or assets for you to have acquired the business or assets from him. An acquisition can include change in the form of ownership, inheritance, repossession, foreclosure, gift, sale or lease.

ITEM 14: A domestic employer is subject if, during any calendar quarter in the current or preceding calendar year, you paid cash remuneration of \$1,000 or more. In completing item 14, please provide only the amount of cash remuneration and not the value of non cash remuneration such as meals and lodging provided by you, the employer. (The non cash remuneration may be deemed a wage when filing Employer's Quarterly Contribution Report, but is not considered when calculating whether you as an employer have reached \$1,000 in a calendar quarter.)

If additional information is needed, please call 801-526-9235 option 2 or 1-800-222-2857 option 2 (Instate toll free number). Fax 801-526-9236.