


ABC	Over 6	Lag Date
IC	Under 6	_____
666		148
151		713
Other	_____	
Predecessor Reg. No.: _____		

UC-1A (Rev 6/08)

**EMPLOYER STATUS REPORT
For UNEMPLOYMENT
COMPENSATION**



RETURN COMPLETED FORM TO:

**EMPLOYER STATUS UNIT
200 FOLLY BROOK BLVD.
WETHERSFIELD, CT 06109-1114**
TEL. NO. (860) 263-6550 FAX (860) 263-6567

Registration Number: _____

For Office Use Only

Status _____

Rate(s) _____

Quarter(s) _____

Date Rec'd _____

FORM IS TO BE TYPED OR PRINTED IN INK

*PLEASE COMPLETE AND RETURN THIS FORM EVEN THOUGH YOU MAY NOT BE SUBJECT TO THE CONNECTICUT UNEMPLOYMENT COMPENSATION LAW. *501(C)(3) NON-PROFIT ORGANIZATIONS SHOULD REQUEST FORM UC-1NP. THE STATE OF CONNECTICUT OR ITS MUNICIPALITIES SHOULD REQUEST FORM UC-1MUN.*

- Federal Identification Number _____ Tel. No. () _____ Email Address _____
- Business or Trade Name _____
- Name of Owner, Partners, or Corporate name, if other than above _____
- Mailing address _____
Number _____ Street or P.O. Box _____ City _____ State _____ Zip Code _____
- List all Connecticut business locations, if different from above. If mailing address is P.O. Box, please give the physical location of business. Attach a separate sheet if necessary. If only a salesman in Connecticut, please indicate salesman's home address.

- Describe the exact nature of the business. If construction, state the type. If manufacturing, list the principal products sold and their percent of the total. If trade, state whether retail or wholesaler and list the type of products sold. If employer of HOUSEHOLD help, so indicate.

- State function of the Connecticut facility (i.e., headquarters, research facilities, etc.) _____
- Under what type of business organization do you operate? (Check one of the following)
 Individual / Sole Proprietorship Partnership Corporation Other _____
LIMITED LIABILITY COMPANIES: LLC – Sole Proprietor LLC - Partnership LLC – Corporation
- Corporations or LLC's complete this item:
State in which Incorporated/Organized: _____ Date of Incorporation/Organization: _____ MM / DD / YY
- List proprietor, partners, corporation officers, or members of a L.L.C. (Attach a separate sheet if necessary):

Name	SS #	Title	Home Address – including Zip Code (Not a P.O. Box)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
- When did you first engage employees working in Connecticut under your present type of organization? _____ MM / DD / YY
Note: Officers of a corporation are considered employees for unemployment purposes.
- Did you acquire ALL or PART of the employees, or assets, or organization, or trade and business in Connecticut of some other employer?
Note: Acquisition can be facilitated by a third party such as a bank or court. Yes No If Yes, All Part
If only part, describe what part was acquired: _____ Date Acquired _____
What part was not acquired? _____ MM / DD / YY
Is your business owned by the same interests as the predecessor? Yes No
- If the answer to Item 10 is "Yes", complete the following:
 - Previous Employer's Trade Name _____
 - Name and address of previous proprietor, partner, or corporation officer _____
 - Was the previous employer subject to Connecticut Unemployment Compensation Law? Yes No
Previous registration number _____
 - Will the previous employer remain in business in Connecticut? Yes No
- Were you previously or are you now registered as an employer with the Connecticut Labor Department?
 Yes No If "Yes", indicate registration number _____

You are liable for the CT and Federal Unemployment Tax if (a) during any calendar quarter of the current or preceding year you paid wages totaling \$1,500 or more, or (b) you had, during the current or preceding calendar year, one or more employees at any time in each of 20 calendar weeks.

13. Were you required to file the EMPLOYER'S FEDERAL UNEMPLOYMENT TAX RETURN Treasury Form 940 for any part of the preceding three completed calendar years? YES NO If "yes", indicate the years: _____
14. As of the date of this application, have you met the liability requirements for this current calendar year? YES NO If NO, please complete 15 and 16:
15. **If you have engaged employees and anticipate meeting the liability requirements in this calendar year you will be subject as of the first date you engaged employees. However, a Connecticut registration number can not be issued until you actually meet the liability requirements, unless you voluntarily accept coverage. Do you wish to accept coverage at this time?** YES NO
16. **If you have engaged employees and do NOT meet the liability requirements in this calendar year, but anticipate meeting the liability requirements next year, you will be subject commencing January 1. However, a Connecticut registration number can not be issued until you actually meet the liability requirements, unless you voluntarily accept coverage commencing January 1. Do you wish to accept coverage?** YES NO
17. List below the gross wages paid to individuals in your employ in Connecticut. Include FULL and PART-TIME employees and OFFICERS, if a corporation. See UC-1A Instructions for the definition of gross wages.

	1 st Quarter (Jan. 1 – Mar 31)	2 nd Quarter (Apr. 1 – June 30)	3 rd Quarter (July 1 – Sept. 30)	4 th Quarter (Oct. 1 – Dec. 31)
Current Year _____	\$ _____	\$ _____	\$ _____	\$ _____
Prior Year 1 _____	\$ _____	\$ _____	\$ _____	\$ _____
Prior Year 2 _____	\$ _____	\$ _____	\$ _____	\$ _____

Note: For Domestic (Household) and Agricultural please check box and list only cash wages above

18. **AGRICULTURAL EMPLOYERS** – Did you employ 10 or more agricultural workers (excluding aliens admitted to the United States pursuant to Sections 214 (c) and 101 (a)(15)(H) of the Immigration and Nationality Act) for some portion of a day during any 20 calendar weeks, not necessarily consecutive, in either the preceding or current calendar year?
 YES NO If "Yes", list the week-ending date when the 20th week of employment was (or will be) met _____
 Did or will you pay cash wages of \$20,000, or more in any calendar quarter of the preceding or current calendar year?
 YES NO
19. **DOMESTIC EMPLOYERS:** Did or will you pay cash wages of \$1,000, or more in any calendar quarter in either the preceding or current year? YES NO
20. Do you have individuals performing services that you believe to be excluded from coverage or whom you believe to be independent contractors? YES NO
 If "Yes" explain below. (Attach separate sheet if necessary).

21. Bank Name: _____
 Address and Account Number: _____
22. Name of accountant and/or payroll service, if any: _____
 Address and Telephone Number: _____
23. Please enter the total number of employees paid wages in Connecticut during the pay period which includes the 12th day of each month in the first quarter you reported employment? 1st Mo. _____ 2nd Mo. _____ 3rd Mo. _____

THIS FORM MUST BE SIGNED BY THE OWNER, A PARTNER, CORPORATE OFFICER, OR AN AUTHORIZED EMPLOYEE. ALL OTHERS MUST PROVIDE DOCUMENTATION OF AUTHORIZATION (I.E., POWER OF ATTORNEY).

I certify that the information in this report is true and correct.

By _____
 (Signature)

Prepared By _____
 (Signature)

Print Name _____

Print Name _____

Title _____

Address _____

Date _____

Title _____ Tel. Number _____