

Utah Department of Workforce Services Unemployment Insurance

140 East 300 South P.O. Box 45288 Salt Lake City, UT 84145-0288
(801) 526-9235 S 1-800-222-2857 S Fax: (801) 526-9377



STATUS REPORT

Please Read the Instructions then Complete All Items. Type or Print Legibly.

1. Type of Ownership: Individual Corporation Partnership LLC Corporate Election Other: _____

2. Business name, DBA and mailing address for UI quarterly reports:	2a. Telephone: ()	3a. Federal Employer ID Number (FEIN):	
	2b. Fax: ()	3b. Utah Unemployment Registration Number:	
	2c. E-mail:	4. County in Utah where principal activity is located:	5. Number of Utah permanent work sites:

6. Mailing address & phone for Wage and Separation Requests (if different from item 2): Telephone # () _____	7. Street address & phone of principal work site in Utah (if different from item 2): Telephone # () _____	8. Mailing address & phone for New Hire information (if different from item 2): Telephone # () _____
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9. List owners or corporate officers (e.g., sole proprietor, general partners, corporate officers or LLC members)

Name	SSN	Title	Home Address	Home Phone

10. Describe in detail your principal business product and/or service of your Utah operation (see instructions):

11a. Enter DATE of first Utah wages paid to employees including corporate officers. (see instructions)	11b. Enter Amount of first \$ Utah wages paid.	12. If Utah wages have not yet been paid, give estimated DATE when you expect to pay Utah wages:
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13. Complete this Section if your business falls into one of the categories below, otherwise select: N/A

A. Construction Employer: Business has operated only in the State of Utah or
 Business has operated in another state prior to operating in the State of Utah. Name of prior State: _____

B. Domestic Employer: Employer has paid or will pay \$1,000 or more in wages in a calendar quarter for domestic service. Yr/Quarter: _____
 Request to file UI contribution reports and payment annually on January 31st instead of filing quarterly.

C. Agriculture Employer: Business has paid or will pay \$20,000 or more in wages in a calendar quarter. Yr/Quarter: _____ or
 Business has or will have 10 or more employees working in at least 20 different weeks during the calendar yr _____.

D. Leasing Company: Business is a Professional Employer Organization (PEO):
 Utah PEO (Professional Employer Organization) registration number: _____

14a. Did or will your business obtain in full or part, through an acquisition, merger or transfer, the assets, the trade or business, or workforce of another company?
 NO YES. Please complete Sections 14 and 15
Enter the date of acquisition, merger or transfer: _____

14b. Check the type of change:

<input type="checkbox"/> Reorganization	<input type="checkbox"/> Change of entity (e.g., proprietorship to corporation)	<input type="checkbox"/> Merger
<input type="checkbox"/> Repossession	<input type="checkbox"/> Sale of business to new business	<input type="checkbox"/> Lease of business to new business
<input type="checkbox"/> Transfer of trade or business	<input type="checkbox"/> Purchase assets of business	<input type="checkbox"/> Transfer of workforce (employees)
	<input type="checkbox"/> Purchase assets of business from the bankruptcy court	

Other: (explain) _____



14c. What portion of the previous owner's assets, trade or business, or workforce was or will be obtained?

_____ % of assets
 _____ % of trade or business
 _____ % of workforce (employees)

14d. Previous owner:

Business name: _____
 Address: _____
 Utah Unemployment Registration Number: _____
 Federal Employer Identification Number: _____

14e. Does the previous owner continue to:

Have Utah employees? YES NO
 Operate a separate business in Utah? YES NO If NO: DATE closed: _____

15a. List any current owner who was also a previous owner. Also, list any current owner who is related to any previous owner. "Related" means one's self, spouse, parent, step-parent, child, step-child, sibling or step-sibling.

NAME	SSN or FEIN	Percentage of Ownership	Family Relationship

15b. Select the common management practices of your business retained from the previous owner:

- Management, managers, officers, board of directors
- Personnel and human resource policies
- Operating procedures
- Sales and pricing policies
- Collection procedures
- Financing policies
- Accounting practices
- Purchasing practices
- Other (explain): _____
- None of the above.

15c. Select the common control practices your business retained from the previous owner:

- Control of the assets used to conduct the business enterprise
- Financing and/or leasing arrangements
- Contracts
- Business, professional and regulatory licenses of the business enterprise
- Other (explain): _____
- None of the above.

Any person or advisor who knowingly violates or attempts to violate Utah Code Section 35A-4-304 and Section 76-8-1301 may be subject to civil and criminal penalties (see instructions)

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

Signature: _____ Print Name & Title: _____
 Telephone: _____ Date: _____

Unemployment Insurance (UI) Instructions for Status Report, Form 1

The Utah Employment Security Act states that the Department of Workforce Services (DWS) must determine the status of each business and each person independently established in a trade, occupation, or profession. After paying wages, complete and return this form immediately to the Department of Workforce Services, UI Employer Accounts Unit, 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).

Item 1:

LLC (Limited Liability Company) is considered a partnership unless corporate election is selected. LLC corporate election means the business has authorization or has requested approval from the IRS to be taxed as a corporation. In this case, LLC members would be considered corporate officers. All payments for corporate officer's services are taxable and reportable for Utah unemployment insurance coverage.

Item 2:

If you have more than one trade or business name, list the name or names by which your company is best known to the public. List the telephone and fax numbers for the employer rather than those for the accountant or employer representative.

Item 3b:

Enter your current Utah Unemployment Registration Number if previously registered.

Item 6:

Address and telephone number of the agent or office able to provide wage data, weeks of employment and other information about employees separated from your employment.

Item 7:

Provide the telephone number and physical location (street address, city, state and zip) for the principal work site in Utah. If there are multiple permanent work sites, attach a separate sheet listing the name, address and telephone number for each work site.

Item 10:

Describe in detail the specific product or service you provide. For example, do you manufacture, install, sell wholesale or retail, or offer services? Describe the product, what is sold, or the type of services offered. (Some examples are wholesale mens wear, construction single residential housing, or computer integrated systems design.)

Item 11:

Wages are currently defined by Section 3306(b) of the Internal Revenue code of 1986 and Section 35A-4-208 of the Utah Employment Security Act. Wages represent all payments for services performed including commissions, bonuses, salaries or draws to corporate officers, tips and the cash value of all remuneration in any medium other than cash.

Wages paid to the entity owner (e.g., sole proprietor, general partners and LLC members) are not considered as wages for unemployment insurance. See Item 1 instruction of LLC member exceptions. Wages paid for services performed by a sole proprietor's spouse, parents, or children under age 21 should not be reported for unemployment insurance.

An account will not be established until wages have actually been PAID.

Item 13b:

A domestic employer hires a household worker such as, but not limited to, a nanny, babysitter, yard worker, driver, health aide, private nurse, housekeeper, caretaker, and cleaning people. In addition, employees of college fraternities and sororities are included in this category.

Item 13d:

A Professional Employer Organization (PEO) must register with the Utah Insurance Department before DWS can recognize its PEO status. (<http://www.insurance.utah.gov/PEO.html>)

Item 14a:

If you acquired (in whole or part) the business activity previously conducted by another entity, or if the business entity has changed (i.e., changed entity from a sole proprietorship to a corporation) even if the owners are still principally the same, complete Items 14a-15c. "Acquired" means to come in possession of, obtain control of, or obtain the right to use the assets, business, or workforce through any legal means. An acquisition can include change to the form of ownership, inheritance, repossession, foreclosure, gift, purchase or any items noted in Item 14b.

Item 15a:

If you are a current owner of this business as well as a previous owner of the transferred business, enter your name, social security number and percentage of ownership in the new business. If you are a current owner and are related to any previous owner of the transferred business, enter your name, social security number, percentage of ownership in the new business and your family relationship.

Any employer, employer representative, or advisor who knowingly violates or attempts to violate Utah Code Section 35A-4-304 and Section 78-8-1301 may be subject to civil and criminal penalties which consist of contribution rate increases to their UI accounts and a fraud assessment of up to \$5,000.

To obtain additional information: call (801) 526-9235 or toll-free: 1-800-222-2857 or contact:

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