



EMPLOYER APPLICATION
 for
 LA UNEMPLOYMENT ACCOUNT

FOR OFFICIAL USE ONLY
 ACCOUNT NO.

PLEASE REVIEW THE INSTRUCTIONS ON THE NEXT PAGE BEFORE COMPLETING THIS FORM

1. EMPLOYER or CORPORATION NAME (Legal name is mandatory)				2. LA WITHHOLDING NUMBER	
3. TRADE NAME or DBA NAME				4. FEDERAL EMP. I.D. NUMBER	
5. MAILING ADDRESS (P.O. BOX OR STREET)		CITY	STATE	ZIP CODE	6. FAX NUMBER
7. PHYSICAL LOCATION IN LOUISIANA - mandatory (STREET)		CITY	STATE	ZIP CODE	8. TEL. NO. & EXT. (PHYSICAL LOCATION)
9. NAME OF CONTACT PERSON WITH PAYROLL RECORDS				10. TEL. NO. & EXT. (PAYROLL)	
11. NAME AND ACCOUNT NUMBER OF PREVIOUS OR EXISTING LOUISIANA ACCOUNTS (Attach separate sheet if necessary)				12. E-MAIL ADDRESS	

13. Type of Organization: Individual Partnership LLC LLP Corporation: State _____ Date _____ Other
 Government: Local State Funding type: General Appropriations Self Generated Mixed Funds

14A. Do you have a contract with a Professional Employer Organization (PEO)? YES NO If "YES," complete the information on the line below.
 PEO Name: _____ Fed ID: _____ Contract Date: _____

14B. Are you a Professional Employer Organization? YES NO If "YES," provide a list of all clients with Fed. ID and UI numbers for each. Use a separate sheet if necessary.

Note: If a bonded PEO, you will receive a mandatory quarterly Multiple Worksite Report to provide employment and wage breakouts for each client.

15. LIST BELOW THE OWNER OF SOLE PROPRIETORSHIP, ALL PARTNERS IN PARTNERSHIP, OR ALL OFFICERS OF CORPORATION. (Attach a separate sheet if necessary.)

NAME AND TITLE	SOC. SEC. NO.	RESIDENCE	TELEPHONE & EXT.

16. (A) REGULAR EMPLOYERS:
 Did you or will you have total wages in a calendar quarter equal to or greater than \$1,500? YES NO If "YES," Quarter _____ and Year _____
 Did you or will you employ 1 or more employees in 20 weeks or more in a calendar year? YES NO If "YES," date of the 20th week. Month _____ Day _____ Year _____

(B) AGRICULTURAL EMPLOYERS:
 Did you or will you employ 10 or more employees in 20 weeks or more in a calendar year? YES NO If "YES," date of the 20th week. Month _____ Day _____ Year _____
 Did you or will you have total wages in a calendar quarter equal to or greater than \$20,000? YES NO If "YES," Quarter _____ and Year _____

(C) DOMESTIC EMPLOYERS (i.e., household help, sitter, nanny, etc.): Domestic employers must elect to file Annually _____ or Quarterly _____
 Did you or will you have total wages in a calendar quarter equal to or greater than \$1,000? YES NO If "YES," Quarter _____ and Year _____

(D) NON-PROFIT EMPLOYERS:
 Do you have a 501(c)(3) exemption from the Internal Revenue Service? YES NO
 If "YES," you must attach a copy of your IRS 501(c)(3) exemption letter and answer 17. If "NO," answer 16A.
 Did you employ 4 or more employees in 20 weeks or more in a calendar year? YES NO If "YES," enter Month _____ Day _____ Year _____

17. LOCAL GOVERNMENT OR NON-PROFIT EMPLOYER: Indicate the method you elect to pay taxes: Taxable Reimbursable

18. DATE ENTITY FIRST HAD EMPLOYEE(S) IN LOUISIANA: Month _____ Day _____ Year _____ 18A. # of employees: _____

19. ARE YOU APPLYING FOR A LETTER OF GOOD STANDING FOR LOTTERY PURPOSES? YES NO

20. ARE YOU LIABLE UNDER THE FEDERAL UNEMPLOYMENT TAX ACT (FUTA)? YES NO If "YES," enter Month _____ Day _____ Year _____ State _____

21A. DID YOU ACQUIRE ANY OF THE ORGANIZATION, TRADE, BUSINESS, OR ANY ASSETS OF ANOTHER LOUISIANA EMPLOYER OR HAD A CHANGE IN YOUR FEDERAL ID#? YES <input type="checkbox"/> NO <input type="checkbox"/>	B. IF YES, DID YOU ACQUIRE PART <input type="checkbox"/> ALL <input type="checkbox"/> OF THE LOUISIANA OPERATION?	C. IS THE BUSINESS ACQUIRED STILL OPERATING IN LOUISIANA? YES <input type="checkbox"/> NO <input type="checkbox"/>
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If a partial acquisition, you must complete an Application for Partial Transfer. If not, the Agency may perform an audit to determine the data transfer.

D. NAME OF ORGANIZATION ACQUIRED	E. THEIR LA UNEMP. INS. NO.	F. DATE ACQUIRED OR FED. ID# CHANGED
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22. ADDITIONAL LOUISIANA ORGANIZATION ACQUIRED	A. PART <input type="checkbox"/> ALL <input type="checkbox"/>	C. THEIR LA UNEMP. INS. NO.	D. DATE ACQUIRED
B. STILL OPERATING: YES <input type="checkbox"/> NO <input type="checkbox"/>			

23. IF YOU HAVE WORKERS PERFORMING SERVICES FOR YOUR BUSINESS WHO YOU CONSIDER TO BE INDEPENDENT CONTRACTORS, PLEASE READ #23 IN THE INSTRUCTIONS.

24. DESCRIBE YOUR BUSINESS ACTIVITY. THIS INFORMATION WILL DETERMINE YOUR U.I. TAX RATE. BE SPECIFIC!
 List your main products or services in the space provided (i.e., full service restaurant, residential heating and air contractor, internet publisher). Manufacturers, provide the type of product and materials used. If involved in more than one activity, provide approximate percentage of revenues or sales for each activity. Attach a separate sheet if additional space is needed.

Please provide us the name (print) and telephone number of the person who can supply additional information about your business activity.
 Name _____ Telephone & Ext. _____
 If employees work from home (i.e., sales representatives) in Louisiana, please give the Street, City, and Zip Code.
 Street _____ City _____ Zip Code _____

Signature and Title _____ Phone No. _____ Date _____

ACCOUNT	LIAB DATE	QUAL DATE
LIAB CODE	REPT CODE	TOC
PART CODE	DATE	ANALYST

INSTRUCTIONS FOR EMPLOYER ACCOUNT APPLICATION

Do not submit this form until you can satisfy one of these requirements:

- You meet one of the requirements in #16;
- OR you answer "Yes" to #20 and have employees in Louisiana;
- OR you answer "Yes" to Number #21A;
- OR you are a local or state government employer.

1. Enter the legal employer name or full corporation name as it appears on your corporate seal. Do not use abbreviations unless the legal name uses the same abbreviations.
2. Enter your Louisiana Withholding Number (Louisiana Revenue Number).
3. Enter the name by which the business is known or the "Doing Business As" (DBA) name.
4. Enter your Federal Employer's Identification Number (FEIN/FUTA). A change in Federal ID Number alone requires completion of a new Employer Account Application.
5. Enter the mailing address to which reports, notices, and correspondence should be mailed by this Agency.
6. Enter your fax number if available.
7. Enter the actual location of your business in Louisiana. This must be a Louisiana address. For employees who work out of their homes, this is needed for coding purposes only; nothing is mailed to this address.
8. Enter the telephone number and extension of your physical location.
9. Enter the name of the person or company that prepares your payroll records or has knowledge of such records.
10. Enter the telephone number and extension of the person or company listed in #9.
11. Enter all LA Unemployment Insurance (UI) account numbers and names if you previously filed or currently file reports to LA.
12. Enter an e-mail address if available.
13. Check the box to the right of the word that describes the type of ownership. Louisiana will treat LLCs as a partnership unless IRS Form 8832 is attached for election of treatment. Enter the state of incorporation and date of incorporation. If government, list whether local or state. If state government, check whether funding is entirely from General Appropriations, Self-generated, or a mixture of General Appropriations and Self-generated.
- 14A. If you are an employer who has a contract with a Professional Employer Organization (PEO), provide the PEO's name, PEO's Federal ID#, and the date of your PEO contract. Note: Employers may be liable for unpaid taxes of the PEO.
- 14B. If you are a PEO completing this Employer Account Application, provide a list of all your clients with the Federal ID# and State UI# of each. Use a separate sheet if necessary.
15. List the full name and title, Social Security Number, residence address, and telephone number and extension of all owners, partners, or officers of the corporation. Attach a separate sheet if necessary.
16. Check A, B, C, or D. If you are a domestic employer, you must file either quarterly or annually. **If you are a non-profit employer, you must attach your 501(c)(3) exemption and answer #17. If you do not have a 501(c)(3), you will be treated as a regular employer; answer #16A.** When you receive the 501(c)(3), submit it to the Agency for consideration on non-profit status. If approved, you will be granted non-profit status effective as of the IRS's approval of such status.
17. If you are a local government or non-profit employer, indicate the method you elect to pay taxes:
Taxable: employer pays taxes on wages paid to employees at a computed tax rate.
Reimbursable: employer pays the actual cost of benefits paid to former employees.
18. Enter the month, day, and year you first had employees who were paid wages in Louisiana.
- 18A. Enter the number of employees employed when your entity first began in Louisiana.
19. Answer "Yes" or "No" if you are a Lottery Retailer.
20. If "Yes," enter the date and state you first became liable to FUTA.
- 21A. Assets are employees, operations, property, trade name, etc. If "Yes," you must answer B, C, D, E, and F. **If you had a change in entity (eg., individual to corp., corp. to LLC, etc.) with a Federal ID# change, this section applies to you.**
21B. If a partial acquisition, the Application and Agreement for Partial Transfer must be submitted within 180 days of the acquisition. If not, the Agency may perform an audit to determine the experience rating data to be transferred.
22. Did you acquire more than one LA operation? If "Yes," answer A, B, C, and D. Use a separate sheet if necessary.
23. If you have workers who you consider to be self-employed or independent contractors, please review the following to be sure you are in compliance with the law. Louisiana Employment Security Law provides that services performed by an individual for wages or under any contract of hire shall be deemed to be taxable employment unless and until it is shown that: 1. Such individual has been and will continue to be free from any control or direction over the performance of such services both under his contract and in fact, and 2. Such service is either outside the usual course of the business for which such service is performed, or that such service is performed outside of all the places of business of the enterprise for which such service is performed, and 3. Such individual is customarily engaged in an independently established trade, occupation, profession, or business.
24. Be specific when describing your business; provide the name and phone number of the contact person for additional information. If your business is made up of more than one establishment in LOUISIANA, please attach a separate sheet and list the physical location and employment count of each location.

Sign your name and list title, phone number and extension, and the date.

Mail or fax this Employer Account Application form and any attachments to the address or fax number on the first page of this form.