GET YOUR ACCOUNT NUMBER TODAY!

Apply now using iREG

Virginia Employment Commission
PO Box 1358
Richmond, Virginia 23218-1358

DO NOT USE THIS FORM IF FILING BY iREG

1. Federal ID No. (xx-xxxxxxx) _____ E-Mail Address _____
2. Type of Organization: Sole Proprietorship ☐ Partnership ☐ Limited Partnership ☐ Corporation ☐
   LLC Sole Proprietorship ☐ LLC Partnership ☐ Government or Political Sub-Division ☐ Other ☐
3. Name of Employer _____
   (Enter exact name of legal entity)
   Trade Name _____ Telephone Number _____
   c/o (if applicable) _____ Fax Number _____
   Mailing Address/City/State _____ Zip Code _____
   Virginia BUSINESS Location Address/City _____ Zip Code _____
   (If more than one Virginia location, attach list of other addresses)
4. If you are a contractor involved with buildings, and/or roads, state the type: _____
   Do you have a base of operations in any state other than Virginia? Yes ☐ No ☐
5. When did you first have employees working in Virgina? _____ (MM/DD/YYYY)
   Number of employees working in Virginia _____ If your business is INACTIVE, give date employment ceased _____
   Name of successor, if any _____
6. Do you work any individuals in the course of your business, or in your home, that you do not consider employees? Yes ☐ No ☐

7a. GENERAL EMPLOYERS: Did, or will, your business have a quarterly payroll of $1,500 or more in Virginia during the current or preceding 3 years? Yes ☐ No ☐ If "Yes," enter the earliest quarter and year: Qtr. _____ Year _____
Also, if "Yes," enter the date that you reached $1,500 or more: _____. Enter number of weeks during the current or preceding 3 years you had one or more workers performing services for you for some portion of a day in Virginia:
Wks._____ Yr._____ | Wks._____Yr._____ | Wks._____Yr._____ | Wks._____Yr._____. Enter the date you reached the 20th week for the first time with one (1) or more workers: _____.

7b. AGRICULTURAL EMPLOYERS: Did, or will, your agricultural operation have a quarterly payroll of $20,000 or more in Virginia during the current or preceding 3 years? Yes ☐ No ☐ If "Yes," enter the earliest quarter and year: Qtr. _____ Year _____
Also, if "Yes," enter the date that you reached $20,000 or more: _____. Enter number of weeks during the current or preceding 3 calendar years you had ten or more agricultural workers performing services for you for some portion of a day in Virginia:
Wks._____ Yr._____ | Wks._____Yr._____ | Wks._____Yr._____ | Wks._____Yr._____. Enter the date you reached the 20th week for the first time with ten (10) or more workers: _____.

7c. DOMESTIC EMPLOYERS: Did, or will, you have a quarterly domestic payroll of $1,000 or more in Virginia during the current or preceding 3 years? Yes ☐ No ☐ If "Yes," enter the earliest quarter and year: Qtr. _____ Year _____
Also, if "Yes," enter the date that you reached $1,000 or more: _____.

8. NONPROFIT EMPLOYERS: Is your organization exempt from Tax under Section 501(a) and 501(c)(3) of the Internal Revenue Code?
   Yes ☐ No ☐ If "Yes," attach a copy of your letter of exemption from the IRS and specify below the number of weeks during the current

and preceding 3 years you had four or more workers performing services for you for some portion of a day in Virginia:

Wks._____ Yr._____ | Wks._____Yr._____ | Wks._____Yr._____ | Wks._____Yr._____. Also, if "Yes," enter the date you reached the 20th week for the first time with four (4) or more workers: _____.

9. Have you acquired a business in Virginia? Yes ☐ No ☐ If "Yes," did you acquire all or part? All ☐ Part ☐

Date acquired: _____ (MM/DD/YYYY). From whom did you acquire the business (enter legal entity name and trade name) _____.

Previous owner's VEC Account Number: _____ (See instructions on Acquisitions).

10. Are you now, or have you ever been, liable for the Federal Unemployment Tax? (This is not to be confused with Social Security or Workers' Compensation) Yes ☐ No ☐ If "Yes," what year(s): _____

11. Describe the kind of business in Virginia, giving specific details of items, customers, etc., such as retail-women's clothes; wholesale-office equipment; construction-single family homes, etc. (See instructions).

_____

_____

12. Is the Virginia business primarily performing services for other units of the same company? Yes ☐ No ☐

If "Yes," indicate:

Administrative (ADMN headquarters, DP centers, etc.)	Research, Development or Testing	Storage (Warehouse)	Other (Specify)
☐	☐	☐	_____

13. Name the Virginia CITY or Virginia COUNTY in which business is located (Specify location where work is actually performed).

_____

14. List the Name, Social Security Number, Residence Address, and Zip Code of the Owner, Partners, or Corporate Officers:

NAME	SOCIAL SECURITY NUMBER	RESIDENCE ADDRESS

I certify that the information contained in this report is true and correct to the best of my knowledge.

Date: _____ Employer's Signature: _____

Mail completed form to: VEC, Employer Accounts - Room 108, PO Box 1358, Richmond, VA 23218-1358 or FAX to 804-786-5890.

The VEC is an Equal Opportunity Employer/Program. Auxiliary aids and services available upon request to individuals with disabilities.

ACCOUNT STATUS CODING (FOR VEC USE ONLY)

EMP-ACCT-NO	_____	NEW-ACCT-CD	_____	TRADE-NAME-CD	_____
ADDRESS-CD	_____	HOW-LIABLE-CD	_____	CONTRBTR-CD	_____
AC-STATUS-DTE	_____	AC-STATUS-CD	_____	FIRST-EMP-DTE	_____
LIABILITY-DTE	_____	ACQ-CD	_____	COMBINED-AC-CD	_____
ACQ-DTE	_____	SUBSID-AC-NO	_____	MASTER-AC-NO	_____
WAGE-RPT-CD	_____	TYPE-BUSINESS-CD	_____	FOREIGN-CTR-CD	_____
VEC-20	_____	SUCC-ACCT-NO	_____	PRED-ACCT-NO	_____
ATTACH/EST-QTR/YR	_____	VERIFIED	_____	AUX-CD	_____
AREA-CD	_____	SIC-OWN-CD	_____		
MULTIPLANT-CD	_____				