



SUTA ACCOUNT NUMBER APPLICATION & DISCLOSURE STATEMENT

State Form 2837 (R9 / 3-15)
INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT
10 N Senate Ave RM SE 202
Indianapolis, IN 46204-2277
Confidential record pursuant To IC 4-1-16, IC 22-4-19-6

* This agency is requesting disclosure of Social Security Numbers (SSNs) in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

IMPORTANT: Employer registration should be submitted on-line at <https://uplink.in.gov/ESS/ESSLogon.htm> on or before the due date of the employer's first quarterly report. If the employer is unable to submit an on-line application and disclosure statement, a copy of this form, SF 2837, must be attached to the employer's first quarterly contribution report (UC1S). Failure to timely register an account or to complete the application and disclosure statement accurately may result in civil penalties as described in IC 22-4-11.5-9 being assessed to the Employer and / or to the non-employer Agent. Please go to www.in.gov/dwd/SUTA.htm for additional information or clarification.

SECTION ONE – IDENTIFICATION OF THE REGISTRANT

What is the FEIN number to be used by this business to issue the IRS W2 or 1099 to workers or contractors?

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What is the FEIN or SSN* to be used by this business to report business income to the IRS? *Leave blank if not required to report.*

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What is the complete, legal name of the business as registered with the Indiana Secretary of State?
Leave blank if not required to register. IDWD must be able to verify registration with the Indiana Secretary of State.

Date registered with the Indiana Secretary of State?

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If not required to register with the Indiana Secretary of State, what is the legal name of the business used to secure the EIN from the IRS?

At what address will work be physically performed **in Indiana?** *If registering for Tele-work or similar activity, provide the worker's address. Do not use a PO Box. The state for this address defaults to Indiana. If no work is performed in Indiana, there is no Indiana SUTA liability.*

Street

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City

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ZIP

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Complete SF48812, Indiana Business Location Report, for additional locations.

What is the address at which legal notices are to be served (mailing address for the business)?

Do not use a third party agent address.

Street

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City

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State

ZIP

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What is the telephone number for the business? **Do not use a third party agent phone number.**

Telephone

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Fax

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Please provide an email address where IDWD may contact a responsible party for the business. *Leave blank if not applicable.*

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SECTION TWO – QUALIFICATION OF THE ENTITY

You can only qualify – answer yes – to one qualification type (questions 1 – 6).

1. Are you registering as a FUTA exempt organization under 26 USC 3306(c)(7) (government or municipality)? Yes No **If No, go to questions 2.**

If Yes, select the type of entity: Indiana State Agency Federal Government Local Government
 Foreign/ International Other State Agency IN Quasi-State Agency

(a) On what date was the first payroll check issued to an individual not excluded under IC 22-4-8-2(i)(2): / /

If you answered Yes to Question 1, have selected the type of entity, and answered 1(a), go to section 3 to complete the registration. If you are electing to make payments in lieu of contributions, you must submit this form and SF 24321 within thirty-one (31) days of the date indicated on 1(a).

2. Are you registering as a FUTA exempt organization under 26 USC 3306(c)(8) also known as 501(c)(3)? Yes No **If No, go to question 3.**

If Yes, are you an: Indiana Not for Profit Other State Not for Profit

(a) Are you a church or other non-qualifying exempt organization requesting to voluntarily extend the Act? Yes No

IMPORTANT: Voluntary election means that you are not required to pay into the unemployment system, but that you would like to pay contributions so that your workers are insured for unemployment. Voluntary election must be made by January 31st of the year for which is it effective and is binding for a minimum of two (2) calendar years. The election remains in effect unless terminated in writing after two (2) calendar years and by January 31st of the year of revocation. Checking Yes and signing this form is an election to extend the Act per IC 22-4-7 and IC 22-4-9. If you are making a voluntary election, please **go to section 3** to complete the registration. An entity voluntarily electing to extend the act under IC 22-4-7-2(d) is not eligible to make payments in lieu of contributions per IC 22-4-10-1.

(b) Has your 501(c)(3) had four (4) or more workers in twenty (20) different calendar weeks in the same calendar year? Yes No

IMPORTANT: If you answered no to the above, and you are not voluntarily extending the Act, and you are not reporting a reorganization, spin-off, or restructuring; you are not currently liable under IC 22-4-7-2. Please submit this form only once you are liable. If you become liable at any time during a calendar year, you are liable for all payroll for the entire calendar year. A qualifying 501(c)(3) will always have a minimum of two (2) quarters to report at the time they become liable. If you are registering due to a reorganization, spin-off, or restructuring of the organization, please go to question 5.

(c) Please provide the date on which you made your first payment to any worker: / /

(d) Please provide the date of the 20th calendar week when you had four (4) or more workers in the same year: / /

If you answered Yes to Question 2(b), have selected the type of entity, and have answered questions 2(c) and 2(d) please go to section 3 to complete the registration. If you are electing to make payments in lieu of contribution, you must submit this form and SF 24321 within thirty-one (31) days of the date indicated on 2(d).

3. Are you registering to report domestic employment in a private home, local college club or local chapter of a college fraternity or sorority with wages of \$1000 or more in a single calendar quarter? Yes No **If No, go to question 4.**

If Yes, select type of entity: Home LLC Corporation Association

(a) On what date was the first payment made to a domestic worker: / /

(b) On what date did total payments to domestic workers for a quarter meet or exceed \$1000: / /

If you answered Yes to Question 3, have selected the type of entity, and have answered questions 3(a) and 3(b) please go to section 3 to complete the registration.

4. Are you registering to report agricultural employment of \$20,000 or more in a Yes No **If No, go to question 5.**
 a single calendar quarter or of ten (10) workers in twenty (20) different weeks in the same calendar year? If you are reporting the reorganization, transfer or spin-off of an agricultural operation, please go to question 5.

If Yes, select the type of entity: Proprietorship Partnership Corporation
 LLC Other (specify) _____

(a) On what date was the first payment made to a worker: _____ / _____ / _____

(b) On what date did total payments to workers for a quarter meet or exceed \$20,000? Leave 4(b) blank if not applicable: _____ / _____ / _____

(c) On what date did the 10th worker perform service in the 20th week of the year? Leave 4(c) blank if not applicable: _____ / _____ / _____

If you answered Yes to Question 4, have selected the type of entity, and have answered questions 4(a) and 4(b) or 4(c) please go to section 3 to complete the registration.

5. Are you registering to report that you have acquired, through any means, all or part of the assets of an existing Indiana business entity? Yes No **If No, go to questions 6.**

IMPORTANT: Indiana requires that a business disclose the transfer of assets, including the workforce, between businesses. Answering no to this question indicates that you did not in any way assume operational control of all or part of an existing Indiana business including the workforce. Failure to disclose transfer of operational control of assets is considered a material misrepresentation under the Act. Please attach documentation which supports the type of transfer for evaluation under IC 22-4-10 and IC 22-4-11.5. For a bankruptcy, you must attach the specific Order approving the sale or transfer of the assets. If you disagree with the successorship determination of the Agency, you will have fifteen (15) days to protest the initial determination in writing per IC 22-4-32.

Select the type that best describes this transfer: Reorganization or FEIN Change Bankruptcy Sheriff's Sale / Foreclosure
 Purchase/Transfer Franchise PEO/ Leasing Agreement Other purchase or transfer

Select the Acquirer entity type: Proprietorship Partnership Corporation
 LLC Other (specify) _____

(a) To the best of your knowledge, what percent of the existing business transferred? _____ . _____ %

Please provide any known information regarding the identity of the Disposer: FEIN _____

SUTA # _____ Name _____

(b) What day did operational control transfer to the acquirer? _____ / _____ / _____

Operational control transfers on the day that the acquirer has a legal right to direct the business operations, even if they do not immediately exercise the right.

If you answered Yes to Question 5, have selected the type of transfer, the type of entity, have answered questions 5(a) and 5(b), and have identified the disposer to the best of your ability, please go to section 3 to complete the registration.

6. Are you registering as a new business with liability for \$1 or more in Indiana payroll? Yes No

If Yes, select the type of entity: Proprietorship Partnership Corporation
 LLC Other (specify) _____

(a) If yes, please provide the date of your first payroll payment: _____ / _____ / _____

IMPORTANT: If you answered no to all questions, you have self evaluated as not being liable for Unemployment Insurance in Indiana at this time. Please submit this registration document only once your business has liability in Indiana for SUTA reporting and contribution

SECTION THREE – DISCLOSURES AND CERTIFICATION OF INFORMATION

Provide the name of the person in this organization that should be notified in the event of an audit or investigation. ***Not a third party provider***

First Name Last Name

What is this person's Social Security Number? * *Mandatory disclosure*

Does this business share ownership, management, or control with any current or former Indiana Business? Yes No

Please identify the related business: SUTA # FEIN

Name

IMPORTANT: If you have additional business relationships to disclose, please complete the related business disclosure form SF 28804.

What is the NAICS that best describes this entity? NAICS codes can be found at <http://www.census.gov/eos/www/naics/>

Code Key Word(s) / Description

Additional Keywords

Provide the name and contact information for the person who prepared this form for signature.

First Name Last Name

Telephone - - Agent Employee

Preparer's Signature: _____ Date / /

Provide the name of the person who is the responsible party for registration of this entity. ***Do not identify a third party Agent.***

First Name Last Name

Telephone - - Title _____

Responsible Party's Signature: _____ Date / /

IMPORTANT: By signing this form, you are certifying that the information contained herein is true and accurate to the best of your knowledge and belief. You further affirm that you are a person of sufficient authority with regard to the named entity to file this document and to bind the business by the information provided including all required attachments and disclosures as indicated.

Third party providers: This form should not contain third party provider information for any required response except the preparer signature, if applicable. Employers can designate correspondence agents or external authorized users for Indiana SUTA purposes only via ESS as described in 646 IAC 5-2-15. Third party providers are hereby notified that submitting this form or any ESS registration where the agent self identifies as the responsible party for the employer is specifically prohibited and is a violation of the Act as described in IC 22-4-11.5-9.

Mail completed forms to: IDWD – Employer Status Reports
10 N Senate Ave Rm SE 202
Indianapolis, IN 46204-2277

Fax: 317-233-2706
Questions: 800-437-9136 (2)
Handbook: www.in.gov/dwd