



32 South Main Street  
Concord, New Hampshire 03301-4857  
Phone (603) 228-4142 Fax (603) 225-4323  
www.nhes.nh.gov

(Do not write in this space)

Account #

Subject

Retroactive

Successor

Acquisition

Not Subject

AUX

NAICS

## EMPLOYER STATUS REPORT

PLEASE READ INSTRUCTIONS THEN COMPLETE ALL ITEMS (TYPE OR PRINT LEGIBLY)

To establish its status under the provisions of the New Hampshire Unemployment Compensation Law, each employing unit is required by the law to file with this department an Employer Status Report (RSA 282-A).

1.

BUSINESS NAME OR TRADE NAME

Address of principal place of business in NH, if none, indicate other state. (Do NOT use PO box)  
**If more than one location, attach a separate sheet and list all.**

CITY

STATE

ZIP CODE

PHONE NUMBER

FAX NUMBER

E-MAIL

MAILING ADDRESS IF DIFFERENT FROM ABOVE

STREET ADDRESS OR POST OFFICE BOX

CITY

STATE

ZIP CODE

PHONE NUMBER

FAX NUMBER

2. Federal Identification Number

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3. Describe in detail your principal activity.

3a. Describe in detail your principal products, processes, or services.

4. Check (x) type of business

☐

Sole Proprietorship

☐

Partnership

☐

Corporation

☐

LLC (Single member)

☐

LLC (Partnership)

☐

LLC (Corporation)

☐

Other \_\_\_\_\_

5. If a corporation or LLC, enter the following: Date of Registration \_\_\_\_/\_\_\_\_/\_\_\_\_ State of Registration \_\_\_\_\_  
Full corporate or LLC name: \_\_\_\_\_

6. Is your business a nonprofit organization described in Section 501(c)(3) and exempt under 501(a) of the Internal Revenue Code?

☐

Yes

☐

No

If Yes, attach a copy of your letter of exemption.

7. Enter date on which employment was first furnished in New Hampshire \_\_\_\_/\_\_\_\_/\_\_\_\_

Enter date wages were first paid in New Hampshire \_\_\_\_/\_\_\_\_/\_\_\_\_

8. Ceased to furnish employment in NH on \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason: \_\_\_\_\_

9. Are or will you be subject to the Federal Unemployment Tax Act in the current year?

☐

Yes

☐

No

10. Has employment been furnished in NH in preceding years during which you were subject to the Federal Unemployment Tax Law?

☐

No

☐

Yes, list years: \_\_\_\_\_

11. Did you acquire the organization, trade, business, workforce, or any of the New Hampshire assets of any other employing unit or employer?

☐

Yes If Yes, date of acquisition: \_\_\_\_/\_\_\_\_/\_\_\_\_, % of assets acquired \_\_\_\_\_, then complete questions 11a thru 11d.

11a. Please provide the name and address of prior owner.

11b. Check (x) the type of change:

<input type="checkbox"/> Reorganization	<input type="checkbox"/> Purchase assets of business
<input type="checkbox"/> Transfer of trade or business	<input type="checkbox"/> Merger
<input type="checkbox"/> Change of entity (e.g. proprietorship to corporation)	<input type="checkbox"/> Lease of business
<input type="checkbox"/> Transfer of workforce (employees) If checked, must complete Trade, Business, and Workforce Transfer Report.	

11c. Were there any business assets not acquired? ☐ Yes ☐ No  
If yes, list business assets not acquired: \_\_\_\_\_

11d. Will the prior owner remain in business in NH? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_

12. Enter the gross payroll of your business for the current and two prior calendar years. (New Hampshire Payroll Only)				
Calendar Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

13. Do you expect to have a gross payroll of at least \$1,500 in a calendar quarter?

☐ Yes Enter the earliest quarter and year this occurred (or will occur) \_\_\_\_\_

☐ No If No, have you or do you expect to employ at least one worker in 20 different weeks in a calendar year?

If so, when did this occur (or will occur)? \_\_\_\_\_

14. Enter by week the number of workers to whom you furnished employment in **New Hampshire**. Show current calendar year employment first, followed by employment in all preceding calendar years. Note: A week is seven consecutive calendar days beginning at 12:01 am Sunday and ending at 12:00 midnight on the next succeeding Saturday. (Emp 101.01)

CALENDAR YEAR: _____					
	1st	2nd	3rd	4th	5th
JAN					
FEB					
MAR					
APR					
MAY					
JUN					
JUL					
AUG					
SEP					
OCT					
NOV					
DEC					

CALENDAR YEAR: _____					
	1st	2nd	3rd	4th	5th
JAN					
FEB					
MAR					
APR					
MAY					
JUN					
JUL					
AUG					
SEP					
OCT					
NOV					
DEC					

CALENDAR YEAR: _____					
	1st	2nd	3rd	4th	5th
JAN					
FEB					
MAR					
APR					
MAY					
JUN					
JUL					
AUG					
SEP					
OCT					
NOV					
DEC					

15. In addition to the employment shown under item 14, did you engage any "self employed individuals", "sub-contractors", consultants", etc?

☐ No ☐ Yes, furnish name, trade, and address below (use block 19 or a separate sheet if necessary)

**Domestic-Household Employment Section**

16. Have you had or do you expect to have a \$1,000 quarterly payroll for domestic service? ☐ Yes ☐ No  
If Yes, give the earliest quarter and year this occurred (or will occur). Quarter \_\_\_\_\_ Year \_\_\_\_\_

17. If this report is prepared by other than a sole proprietor, this item must be completed.  
I (we) declare under the pains and penalties of perjury that I (we) prepared this report for the employing unit named herein and that this report, including any accompanying schedules and statements, is to the best of my (our) knowledge and belief, a true, correct, and complete report based on all the information relating to the matters required to be reported in this report of which I (we) have any knowledge.

NAME	FIRM NAME	DATE
SIGNATURE	ADDRESS	PHONE

18. This report must be signed by owner, all partners, authorized corporation officers.  
It is hereby certified that the information in this report, including any attached sheets, is true and correct to the best of my (our) knowledge and belief and is signed under the pains and penalties of perjury.

Name (Type or Print)	Social Security #	Resident Address	Title	Signature

19. Remarks