You may apply online at www.labor.ny.gov.

Return completed form (type or print in ink) to the address above, or fax to (518) 485-8010, or complete the online registration at www.labor.ny.gov

Need Help? Call 1-888-899-8810

Do Not use this form to register a Nonprofit IRC 501 (c) (3), Agricultural, Governmental Employer, or Indian Tribe. Call 1-888-899-8810 to request applicable form or visit www.labor.ny.gov.

New York State Employer Registration for Unemployment Insurance, Withholding, and Wage Reporting

For office use only:
U.I. Employer Registration No.

Part A – Employer Information

1. Type (check one): ☐ Business (complete parts A, B, D, and E) ☐ Household Employer of Domestic Services (complete A, C, D, and E-1)

2. Legal entity (check one – do not complete if household employer):
   ☐ Corporation (includes Sub-Chapter S) ☐ Limited Liability Company (LLC) ☐ Limited Liability Partnership (LLP)
   ☐ Sole Proprietorship ☐ Partnership ☐ Other (please describe): ____________________________________________

3. FEIN (Federal Employer Identification Number): ☐ - ______________________

4. Phone no.: (___)___-______ 5. Fax no.: (___)___-______

6. Legal name of business: ____________________________________________________________

7. Trade name (doing business as), if any: ________________________________________________

8. Business e-mail: ___________________________ 9. Website: ___________________________

Part B – Business Employer

1. Enter date of first operations in New York State: / / (mm/dd/yyyy)

2. Enter the date of the first payroll from which you withheld or will withhold NYS Income Tax from your employees’ pay: / / (mm/dd/yyyy)

3. a. Indicate the first calendar quarter and enter the year you paid (or expect to pay) total remuneration of $300 or more.
   (Remuneration is every form of compensation, including payments to employees or to corporate and Sub-Chapter S officers for services.)

   b. Are you registering to remit withholding tax only? ☐ Yes ☐ No

4. Total number of employees: ____________________________

5. Do persons work for you, whom you do not consider employees? ☐ Yes* ☐ No
   * If Yes, explain the services performed and the reason you do not consider these persons employees.

* Refer to NYS – 100 I for instructions.
6. Have you acquired the business of another employer liable for NYS Unemployment Insurance?  
   __Yes*  __No  
   * If Yes, did you acquire  __All or  __Part?  Date of acquisition: __/__/____ (mm/dd/yyyy)  
   Prior Owner’s:  Registration number: __-  FEIN: __-  
   Legal name of business: ______________________________________________________________
   Address: ________________________________________________________________

7. Have you changed legal entity?  __Yes*  __No  
   * If Yes, date of legal entity change: __/__/____ (mm/dd/yyyy)  
   Previous employer’s:  Registration number: __-  FEIN: __-  

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**Part C – Household Employer of Domestic Services**

1. Indicate the first calendar quarter and enter the year you paid (or expect to pay) total cash wages of $500 or more:  
   __Jan 1 – Mar 31 (1st)  __Apr 1 – Jun 30 (2nd)  __Jul 1 – Sep 30 (3rd)  __Oct 1 – Dec 31 (4th)  Year __________

2. Enter the total number of persons employed in your home: __________________________

3. Will you withhold New York State income tax from these employees?  __Yes  __No

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**Part D – Required Addresses**

1. **Mailing Address:** This is your business mailing address where your Withholding Tax (WT) and Unemployment Insurance (UI) mail will be delivered. However, if you elect to have your UI mail directed to an address other than your place of business, complete number 4 below.  
   Street or PO Box: ________________________________________________________________  
   City: __________________________ State: _______ ZIP Code: __________

2. **Physical Address:** This is the physical location of your business, if different from the Mailing Address in number 1.  
   Street: ________________________________________________________________________  
   City: __________________________ State: _______ ZIP Code: __________

3. **Location of Books/Records:** This is the physical location where your Books and Records are maintained.  
   Street: ________________________________________________________________________  
   City: __________________________ State: _______ ZIP Code: __________

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**Optional Addresses**

4. **Agent Address (C/O):** Complete this if your UI mail should be sent to an address other than your business address.  
   C/O: ________________________________________________________________  
   Street or PO Box: ________________________________________________________________  
   City: __________________________ State: _______ ZIP Code: __________  
   Telephone: (______)______ ext: ________

5. **LO 400 Form - Notice of Entitlement and Potential Charges Address:** If completed, this is where the LO 400 will be directed. (It is mailed each time a former employee files a claim for Unemployment Insurance benefits.)  
   C/O: ________________________________________________________________  
   Street or PO Box: ________________________________________________________________  
   City: __________________________ State: _______ ZIP Code: __________  
   Telephone: (______)______ ext: ________

* Refer to NYS – 100 I for instructions.
Part E – Business Information

1. Complete the following for sole proprietor (owner), household employer of domestic services, all partners, including partners of LP, LLP or RLLP, all members of LLC or PLLC, and corporate officers (President, Vice President, etc.), whether or not remuneration is received or services are performed in New York State.

<table>
<thead>
<tr>
<th>Name</th>
<th>Social Security Number</th>
<th>Title</th>
<th>Residence Address</th>
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2. Please enter the number of physical locations at which your company operates: _____. You MUST list the physical address and answer questions A through E below, for each location. Use a separate sheet of paper for each.

a. Location: ___________________ ___________________ ___________________ ___________
   Number and Street                     City or Town                               County                        Zip Code

b. Approximately how many persons do you employ there? _______________

c. Check the principal activity at the above location:
   - Manufacturing
   - Wholesale trade
   - Retail trade
   - Construction
   - Warehousing
   - Transportation
   - Computer services
   - Educational services
   - Health & social assistance
   - Real estate
   - Scientific/professional & technical services
   - Finance & insurance
   - Arts, entertainment & recreation
   - Food service, drinking & accommodations
   - Corporate, subsidiary managing office
   - Other (Please specify): _______________________________________________________________________

d. If you are primarily engaged in manufacturing, complete the following:
   - Principal Products Produced                     Percent of Total Sales Value                    Principal Raw Materials Used
     __________________________________________________________________________________________

e. If your principal activity is not manufacturing, indicate products sold or services rendered:
   - Type of Establishment                           Principal Product Sold or Service Rendered         Percent of Total Revenue
     __________________________________________________________________________________________

I affirm that I have read the above questions and that the answers provided are true to the best of my knowledge and belief.

X ________________________________ ________________________________ (mm/dd/yyyy)
Signature of Officer, Partner, Proprietor, Member or Individual    Phone no.: (______)_______ - _________
Official Position

* Refer to NYS – 100 I for instructions.