Department of Taxation and Finance and
Department of Labor-Unemployment Insurance Div. Reg Sec
W A Harriman State Campus, Bldg. 12
Albany, N.Y. 12240-0339

NYS-100 (02/13)

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

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

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

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**.

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.)
   ☐ Jan 1 – Mar 31 (1st) ☐ Apr 1 – Jun 30 (2nd) ☐ Jul 1 – Sep 30 (3rd) ☐ Oct 1 – Dec 31 (4th) Year ☐☐☐☐
   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: ☐☐ - ☐☐☐☐☐☐☐

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

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: _____

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.

Name	Social Security Number	Title	Residence Address

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	☐ Transportation	☐ Scientific/professional & technical services
☐ Wholesale trade	☐ Computer services	☐ Finance & insurance
☐ Retail trade	☐ Educational services	☐ Arts, entertainment & recreation
☐ Construction	☐ Health & social assistance	☐ Food service, drinking & accommodations
☐ Warehousing	☐ Real estate	☐ 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 _____ ☐☐/☐☐/☐☐☐☐
Signature of Officer, Partner, Proprietor, Member or Individual (mm/dd/yyyy)

_____ Phone no.: (☐☐☐)☐☐☐ - ☐☐☐☐
Official Position

** Refer to NYS – 100 I for instructions.*