



REPORT TO DETERMINE LIABILITY

JOB SERVICE NORTH DAKOTA
 UNEMPLOYMENT INSURANCE
 SFN 41216 (R. 8-2019)

Job Service Use

UI TAX AND FIELD SERVICES
 PO BOX 5507
 BISMARCK NORTH DAKOTA 58506- 5507
 701-328-2814 FAX: 701-328-1882 TTY RELAY ND 800-366-6888

Web link to: [NEW BUSINESS REGISTRATIONS IN NORTH DAKOTA](#)

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ST		
RE		
BY	FR	
RA	YR	-1
-2	Q	STF
SIC	AUX	
NAIC	AUX	
LOC	OWN	

1. Business Name				3. Telephone Number	
2. Corporate or Legal Name				4. Federal Employer ID (FEIN)	

5. Mail Address (Number and Street or P.O. Box)	City	State	ZIP Code + 4	Internet Address (optional)
6. Street Address (Number and Street)	City	State	ZIP Code + 4	E-mail Address (optional)

7. Is (Are) any other business(es) being operated in North Dakota by this ownership? Yes No

If yes, Name of Business(es) _____

8. Type of Ownership

Individual Partnership (Indicate type: general, LP, LLP, etc.) _____

Corporation [Click to obtain SFN 18411](#) if you wish to exempt Corp Officer services Limited Liability Company (LLC) (Indicate treatment for federal income tax reporting):

Nonprofit Corporation Disregarded Entity Partnership Corporation S-Corp Don't Know

Government Cooperative

Indian Tribe or Wholly-Owned Entity of an Indian Tribe Other (Describe) _____

In what state was your business originally incorporated/registered?	Date
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9. List the owner(s) and all partners or corporate officers. Also, any corporate director or employee having a 20 percent or more ownership interest. Attach separate sheet if necessary.

Name	Home Address	Title	Social Security Number*	Percent Owner

* In compliance with the Privacy Act of 1974, a Social Security Number is mandatory on this form pursuant to 20 CFR 666.150 and/or North Dakota Century Code 52-02-02. This number is used by Job Service North Dakota for identification, federal and state tax, program eligibility purposes and program performance accountability.

10. Have you employed workers in North Dakota? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date you first employed workers in North Dakota _____
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If you are a government entity, Indian tribe, or wholly-owned entity of an Indian tribe, go to Question 17.

11. Did you acquire any part of the ND assets or business of another employer or change your business status/structure in any way? Yes No **If yes, complete Schedule B.**

12. Are you liable for federal unemployment taxes (FUTA)? Yes No Don't Know **If yes, go to Question 18.** You will be covered under North Dakota law as of the first day you employ workers in this state.

13. Are you a nonprofit organization exempt from income taxes under Section 501(c)(3), IRS Code?

Yes No - **Go to #14** Applied For - **Go to #14**

If yes, complete this section and submit a copy of your exemption letter from the IRS to Job Service North Dakota. You need not complete sections 14 and 15.

As a nonprofit organization, have you employed four or more persons during 20 weeks of any calendar year in any state?

Yes No - **Go to #16** If yes, date the 20th week was first reached. _____

When answering Questions 14 and 15, include as employees all part-time workers and non-exempt (see Employer's Guide) corporate officers and limited liability company managers. Do not include spouse, children under 18 who live at home, or parents of an individual owner - this does not apply to corporations or limited liability companies. This exclusion applies to partnerships only if the worker has an exempting relationship with each partner.

14. Enter the amount of wages you **have paid** in North Dakota (do not estimate or include wages earned but not paid):

	Jan. 1 to March 31	April 1 to June 30	July 1 to Sept. 30	Oct. 1 to Dec. 31
Current Year	\$	\$	\$	\$
Preceding Year	\$	\$	\$	\$
Prior Year	\$	\$	\$	\$
Year	\$	\$	\$	\$

15. During the 20 weeks of any calendar year, have you employed: If yes, date the 20th week was first reached.

a. One or more persons in **general** employment? Yes No _____

b. Ten or more persons in **agricultural** employment? Yes No _____

16. If it is determined that you are not now liable for coverage, do you want to become covered voluntarily? Yes No

See NDCC 52-05-03(2) for voluntary coverage information.

Voluntary coverage is not available if you answered no to question #10

17. Complete this section only if you are a governmental entity, Indian tribe or wholly-owned entity of an Indian tribe, or a 501(c)(3) tax exempt organization and answered yes to either Question 13 or 16.

Select one of the following benefit financing options: (see NDCC 52-04-18 for benefit financing methods)

Reimbursement of benefit payments attributable to employment with your organization.

Payment of taxes on your quarterly taxable payroll at the rate applicable for new employers.

Advanced reimbursements at a percent of your quarterly total payroll to be redetermined annually.

Will default to Payment of Taxes: 1) if not completed and/or 2) if you have not provided an IRS exemption letter.

18. Have any individuals you do not consider employees performed services for you in North Dakota?

Yes No

If yes, give reasons for excluding them and indicate number of persons involved.

19. Does any part of your business activity include the provision of "temporary" or "leased" workers to a client company? Yes No

20. Give a specific description of your business activity in North Dakota.

Enter on separate lines the principal product or activities of your firm. Following each item, list the percentage of sales value or receipts received from the product or activity; i.e., retail men's clothing, electrical construction-residential, or long haul trucking-refrigerated van.

	%
	%

	%
	%

21. Business Locations: Enter the North Dakota addresses from which your employees work and indicate if the location is permanent or temporary. If you do not maintain an office in North Dakota, enter the employee's address.

Address	City	State	ZIP Code	Telephone	Permanent	Temporary
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

22.

Name of Authorized Representative	Title	Telephone Number	Fax Number
Name of Individual Completing Form	Title	Telephone Number	Date

I certify the information on SFN 41216, Report to Determine Liability, is true and accurate.

REPORT TO DETERMINE LIABILITY
SCHEDULE B - SUCCESSORSHIP QUESTIONNAIRE

Complete Schedule B only if you answered "yes" to question 11 on form SFN 41216, Report to Determine Liability

Successorship Reporting Requirement. If you acquired all or part of the organization, business, trade, or assets of another employer and will continue essentially the same business activity, you must provide the following information. If you made multiple acquisitions, you must file a separate Schedule B for each acquisition. Submit the completed Schedule B(s) along with Form SFN 41216, Report to Determine Liability, to Job Service North Dakota.

PART 1: CURRENT/NEW OWNER INFORMATION

Name	
UI Account Number	Federal Employer Identification Number

PART 2: FORMER OWNER INFORMATION

Former Owner's Name (required)	Former Owner's UI Number or FEIN, if known		
Corporate Name or DBA			Area Code and Telephone Number
Current Street Address (not a P.O. Box)	City	State	ZIP Code

PART 3: ACQUISITION INFORMATION

1. Did you acquire all, part or none of the former owner's assets?	<input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None	Percent Acquired	Date Acquired
2. Did you acquire all, part or none of the former owner's workforce?	<input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None	Percent Acquired	Date Acquired
3. Did you acquire all, part or none of the former owner's North Dakota trade (customers/accounts)?	<input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None	Percent Acquired	Date Acquired
4. Did you acquire all, part or none of the former owner's North Dakota business (products/services)?	<input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None	Percent Acquired	Date Acquired
5. Was the North Dakota business being operated at the time of the acquisition? If no, enter the date it was closed by the former owner.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date (MM, DD, YYYY)	
6. Are you continuing the North Dakota business you acquired?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Is your North Dakota business substantially owned or controlled in any way by the same interests that owned or controlled the former business?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Will the previous business/account continue in business in North Dakota?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		
9. If eligible, do you wish to continue the experience rating established by the acquired/previous business? If you do and are assigned your predecessor's tax rate, your new account will also be chargeable for any benefits payable to your predecessor's workers. If you do not answer this question and it is determined that you are a liable employer, you will receive the rate normally assigned to new employers; it will not include the predecessor's history.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

NDCC 52-04-08.2 provides for penalties in cases where the acquisition of a business is solely or primarily for the purpose of obtaining a lower unemployment insurance tax rate. Criminal and/or civil penalties apply.

Name of Owner/Officer		
Title	Telephone Number	Date

I certify the information on SFN 41216, Schedule B, is true and accurate.

Go to the bottom of page 3 to submit the form.

Notice: Wage and other confidential information collected from employers as part of the unemployment insurance process may be requested and utilized for other governmental purposes, including, but not limited to, verification of eligibility under other government programs as required by law.