

South Carolina Department of Employment and Workforce

P.O. Box 995
COLUMBIA, SOUTH CAROLINA 29202
TELEPHONE (803) 737-3075
FAX (803) 737-2547

EMPLOYER STATUS REPORT To DETERMINE LIABILITY UNDER THE SOUTH CAROLINA CODE

ALL INFORMATION PROVIDED WILL BE KEPT STRICTLY CONFIDENTIAL
PLEASE TYPE OR PRINT. RETURN WITHIN 10 DAYS

DO NOT WRITE IN THIS SPACE

ACCOUNT NUMBER:

LB.

LE.

C.H.

LA.

AREA

RATE

IND.

OWNER

BY

DATE

PARENT NUMBER

COMPLETE BOTH SIDES OF THIS APPLICATION

PLEASE PRINT OR TYPE ALL INFORMATION

1. OWNER, PARTNERSHIP, OR CORPORATE CHARTER NAME

2. TRADE NAME (DOING BUSINESS AS)

3. PHYSICAL LOCATION OF BUSINESS REQUIRED (NO P.O. BOX)

4. BUSINESS PHONE NUMBER

DAY TIME PHONE NUMBER

5. FEDERAL IDENTIFICATION NUMBER

6. MAILING ADDRESS (FOR ALL CORRESPONDENCE)

7. TYPE OF BUSINESS

☐ AGRICULTURE, FORESTRY, FISHING
& HUNTING (11)☐ MINING (21)☐ UTILITIES (22)☐ CONSTRUCTION (23)☐ MANUFACTURING (31-33)☐ WHOLESALE TRADE (41-43)☐ RETAIL TRADE (44-46)☐ TRANSPORTATION
& WAREHOUSING (48-49)☐ INFORMATION (51)☐ FINANCE & INSURANCE (52)☐ REAL ESTATE, RENTAL & LEASING (53)☐ PROFESSIONAL, SCIENTIFIC,
& TECHNICAL SERVICES (54)☐ MANAGEMENT OF COMPANIES
& ENTERPRISES (55)☐ ADMINISTRATIVE AND SUPPORT, WASTE
MANAGEMENT & REMEDIATION SERVICES (56)☐ EDUCATION SERVICES (61)☐ HEALTH CARE AND SOCIAL ASSISTANCE (62)☐ ARTS, ENTERTAINMENT, & RECREATION (71)☐ ACCOMMODATION & FOOD SERVICES (72)☐ OTHER SERVICES (81)☐ PUBLIC ADMINISTRATION (91-93)

9. LOCATION OF RECORDS (NO P.O. BOX)

10. TYPE OF OWNERSHIP

☐ SOLE PROPRIETOR (ONE OWNER)☐ PARTNERSHIP (TWO OR MORE OWNERS)☐ LLC/LLP☐ SC CORPORATION DATE INC. _____☐ FOREIGN CORPORATION (ATTACH COPY OF ARTICLES OF CERTIFICATE OF AUTHORITY)☐ UNINCORPORATED ASSOCIATION; ENTER LEGAL NAME _____☐ OTHER (EXPLAIN) _____

8. MAIN BUSINESS (I.E., RETAIL FURNITURE SALES)

8a. CHECK IF YOU SELL THESE PRODUCTS (FOR SOLID WASTE PURPOSES)

☐ MOTOR OIL ☐ LEAD ACID BATTERIES ☐ TIRES ☐ LARGE APPLIANCES

8b. DO YOU SELL AVIATION GASOLINE?

☐ YES ☐ NO8c. DO YOU PROVIDE SERVICE TO CELLULAR AND PERSONAL
COMMUNICATIONS USERS?☐ YES ☐ NO

11. NAME(S) OF BUSINESS OWNER, GENERAL PARTNERS, OR OFFICERS:

SOCIAL SECURITY NUMBER	NAME/TITLE/GENERAL PARTNERS	HOME ADDRESS	IF PARTNER PERCENT OWNED

ARE YOU A SC RESIDENT? (Y/N) _____

HOW LONG HAVE YOU LIVED IN SC? _____

(YEARS, MONTHS)

12. HAVE YOU:

A. ACQUIRED ANOTHER BUSINESS?

☐ YES ☐ NO

MERGED WITH ANOTHER BUSINESS?

☐ YES ☐ NO

FORMED A CORPORATION OR PARTNERSHIP?

☐ YES ☐ NO

MADE ANY OTHER CHANGE IN THE OWNERSHIP OF YOUR BUSINESS?

☐ YES ☐ NOB. DID YOU ACQUIRE: ☐ ALL OF THE SOUTH CAROLINA OPERATIONS?☐ PART OF THE SOUTH CAROLINA OPERATIONS?

PERCENTAGE ACQUIRED: _____

C. DATE ACQUIRED OR CHANGED: _____

WAS THE BUSINESS OPERATING AT THE TIME OF ACQUISITION OR CHANGE?

☐ YES ☐ NO

DATE CLOSED: _____

DOES THE FORMER OWNER OR LEGAL ENTITY CONTINUE TO HAVE EMPLOYEES?

☐ YES ☐ NO

D. FORMER OWNER'S S.C.D.E.W. ACCOUNT NUMBER: _____

FORMER OWNER'S S.C. TAX ACCOUNT NUMBER: _____

E. NAME OF BUSINESS ACQUIRED: _____

(Full organization name including trade name)

ADDRESS OF FORMER OWNER: _____

13. FIRST DATE OF EMPLOYMENT IN S.C.

mo/day/year

14. ANTICIPATED DATE OF FIRST S.C. PAYROLL

mo/day/year

15. Estimated Number of Employees in S.C.

16. IS BUSINESS WITHIN SC MUNICIPAL LIMITS?

☐ YES ☐ NO

WHICH CITY? _____

17. IS YOUR BUSINESS SEASONAL?

☐ YES ☐ NO

IF YES, LIST MONTHS ACTIVE: _____

◀ COMPLETE REVERSE SIDE OF THIS FORM ▶

I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

SIGNATURE OF OWNER, ALL PARTNERS, OR CORPORATE OFFICER

TITLE

DATE

18. ENTER TOTAL WAGES PAID BY YOU TO S.C. WORKERS BY CALENDAR QUARTER BEGINNING WITH DATE IN ITEM 13.

YEAR 20____	JANUARY 1 THRU MARCH 31	APRIL 1 THRU JUNE 30	JULY 1 THRU SEPTEMBER 30	OCTOBER 1 THRU DECEMBER 31
YEAR 20____	JANUARY 1 THRU MARCH 31	APRIL 1 THRU JUNE 30	JULY 1 THRU SEPTEMBER 30	OCTOBER 1 THRU DECEMBER 31

19. INDICATE NUMBER OF EMPLOYEES WITHIN EACH CALENDAR WEEK (PART-TIME COMMISSION, SALESMAN, OFFICERS, ETC.)

CALENDAR YEAR	JANUARY				FEBRUARY				MARCH				APRIL				MAY				JUNE			
20____																								
	JULY				AUGUST				SEPTEMBER				OCTOBER				NOVEMBER				DECEMBER			

CALENDAR YEAR	JANUARY				FEBRUARY				MARCH				APRIL				MAY				JUNE			
20____																								
	JULY				AUGUST				SEPTEMBER				OCTOBER				NOVEMBER				DECEMBER			

20. DID YOU FILE A FUTA FORM 940 WITH THE IRS FOR THE LAST COMPLETED CALENDAR YEAR? ☐ YES ☐ NO

21. IS YOUR ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501-C-3 OF THE IRS CODE FOR RELIGIOUS, EDUCATIONAL, OR CHARITABLE PURPOSES? ☐ YES ☐ NO IF YES, ATTACH A COPY OF THE EXEMPTION LETTER

22. DOES YOUR BUSINESS CONSIST SOLELY OF AGRICULTURAL EMPLOYMENT? ☐ YES ☐ NO

23. DOES YOUR EMPLOYMENT CONSIST SOLELY OF DOMESTIC (HOUSEHOLD) WORKERS? ☐ YES ☐ NO

24. IS THE UNIT REPORTED ABOVE MADE UP OF MORE THAN ONE ESTABLISHMENT IN THE STATE? ☐ YES ☐ NO IF YES, HOW MANY ESTABLISHMENTS____. PLEASE ENTER IN THE SECTION BELOW THE EXACT LOCATION AND THE EMPLOYMENT COUNTY OF EACH ESTABLISHMENT COVERED BY THIS REPORT. USE A SEPARATE SHEET OF PAPER IF ADDITIONAL SPACE IS NEEDED. (IF ACTIVITIES VARY FOR THE SEPARATE ESTABLISHMENT, PLEASE PROVIDE PRODUCTS OF ACTIVITY INFORMATION FOR THESE UNITS ON A SEPARATE SHEET OF PAPER.)

STREET	CITY	COUNTY	ZIP CODE	AVERAGE EMPLOYMENT

I HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

_____, 20____
DATE SIGNED AND SUBMITTED

NAME OF EMPLOYING UNIT

BY

TAX CONTACT EMAIL: _____

OFFICIAL POSITION

BENEFITS CONTACT EMAIL: _____

UPON COMPLETION OF THIS FORM SIGN, DATE, AND MAIL TO: SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
EMPLOYER STATUS UNIT
POST OFFICE BOX 995
COLUMBIA, SOUTH CAROLINA 29202