



# DIVISION OF EMPLOYMENT SECURITY

Account No. \_\_\_\_\_

## UNEMPLOYMENT TAX REGISTRATION

The Division of Employment Security (DES) has received information that you employ workers in Missouri.

Complete this form or register online [uinteract.labor.mo.gov](http://uinteract.labor.mo.gov)

### MAILING BLOCK

### SUBMITTED BY:

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Job Title \_\_\_\_\_

Contact Number \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_  
*Signature of Person Completing this Form*\_\_\_\_\_  
*Date*

### GENERAL INFORMATION

Federal Employer Identification Number (FEIN) \_\_\_\_\_

Type of Organization:

- |  |  |   |  |  |
|--|--|---|--|--|
| <input type="checkbox"/> Individual Ownership                  | <input type="checkbox"/> Corporation         | <input type="checkbox"/> LLC - Individual | <input type="checkbox"/> LLC - Partnership | <input type="checkbox"/> LLC - Corporation             |
| <input type="checkbox"/> Partnership                           | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Local Government | <input type="checkbox"/> Association       | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> Limited Liability Limited Partnership | <input type="checkbox"/> Other _____         |   |  |  |

Department of Revenue Number \_\_\_\_\_

### EMPLOYER ENTITY INFORMATION

Legal Entity Name \_\_\_\_\_

Trade Name or Doing Business As (DBA) \_\_\_\_\_

Has this business paid employees for work performed? ☐ Yes ☐ No

If Yes, provide the first date worked \_\_\_\_\_ If Yes, provide the first payroll date \_\_\_\_\_

Does this business consist of agricultural work? ☐ Yes ☐ NoIf Yes, select type: ☐ Crop ☐ Animal Other \_\_\_\_\_If Yes, is this the primary business activity? ☐ Yes ☐ NoDoes this business employ domestic help? ☐ Yes ☐ NoIf Yes, select type: ☐ Household ☐ Caretaker ☐ Nanny ☐ Other \_\_\_\_\_If Yes, is this the primary business activity? ☐ Yes ☐ NoDoes this business involve non-agricultural or non-domestic work? ☐ Yes ☐ No

If Yes, select type below:

- |  |                                    |  |  |   |
|--|------------------------------------|--|--|---|
| <input type="checkbox"/> Transportation      | <input type="checkbox"/> Utilities | <input type="checkbox"/> Construction- Residential | <input type="checkbox"/> Food Services   | <input type="checkbox"/> Financial Services |
| <input type="checkbox"/> Retail Sales - New  | <input type="checkbox"/> Mortgages | <input type="checkbox"/> Construction- Commercial  | <input type="checkbox"/> Health Services | <input type="checkbox"/> Mining             |
| <input type="checkbox"/> Retail Sales - Used | <input type="checkbox"/> Wholesale | <input type="checkbox"/> Manufacturing             | <input type="checkbox"/> Trucking        | <input type="checkbox"/> Other _____        |

If Yes, is this the primary business activity? ☐ Yes ☐ NoIs this business a religious employer? ☐ Yes ☐ NoIs this business a federally recognized Indian tribe? ☐ Yes ☐ NoIf Yes, do you wish to provide financial guarantee to be a reimbursable employer? ☐ Yes ☐ No

If Yes, provide the employer's tribal unit \_\_\_\_\_

Is this business liable under the Federal Unemployment Tax Act (FUTA) in another state during the current or preceding calendar year? ☐ Yes ☐ NoIs this organization a lessor/professional employment organization? ☐ Yes ☐ NoIf Yes, do you wish to provide a Financial Guarantee? ☐ Yes ☐ No

Are you leasing employees from another business? ☐ Yes ☐ No  
If Yes, are you leasing all employees? ☐ Yes ☐ No If Yes, provide lessor details:

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

Does this business have locations in Missouri? ☐ Yes ☐ No

Complete this section if you selected Corporation, LLC-Individual, LLC-Partnership, LLC-Corporation, Limited Partnership, Limited Liability Partnership, or Limited Liability Limited Partnership as the type of organization.

State of Incorporation \_\_\_\_\_ Charter Number \_\_\_\_\_

Charter Status: ☐ Active Date of Incorporation \_\_\_\_\_

☐ Dissolved Date of Dissolution \_\_\_\_\_

Is this a Common Paymaster Employer? ☐ Yes ☐ No

If Yes, provide the date the common paymaster arrangement started \_\_\_\_\_

If Yes, what percent of total voting stock of all participating corporations does the parent corporation own? \_\_\_\_\_%

If Yes, do five or less persons, estates, or trusts own 50 percent or more of the total combined voting power or value of shares in all participating corporations? ☐ Yes ☐ No

Does this corporation have, or have they applied for, a non-profit 501(c)3 exemption with the Internal Revenue Service?

☐ Yes ☐ No

If Yes, and determined liable, do you wish to be a contributory or reimbursable? ☐ Contributory ☐ Reimbursable

If Yes, has a copy of the 501(c)3 exemption documentation been provided to Employment Security? ☐ Yes ☐ No

#### **BUSINESS/HEADQUARTERS LOCATION INFORMATION**

Enter the physical Missouri location's address. If no Missouri locations, enter the headquarters' address.

##### **Missouri Location Address**

Attn \_\_\_\_\_

Care of \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Number of employees at this location \_\_\_\_\_

##### **Headquarters Address**

Attn \_\_\_\_\_

Care of \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Number of employees at this location \_\_\_\_\_

#### **ADDRESS INFORMATION**

##### **Tax Mailing Address**

Attn \_\_\_\_\_

Care of \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

##### **Claims Mailing Address ☐ Same as Tax Mailing**

Attn \_\_\_\_\_

Care of \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

##### **Contact Person for Unemployment Tax**

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Job Title \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

##### **Payroll Records Mailing Address ☐ Same as Tax Mailing**

Attn \_\_\_\_\_

Care of \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

**RESPONSIBLE PARTY** (owner, partner, officer, member, other): \_\_\_\_\_

Provide additional owners on a separate piece of paper.

Type of Owner: ☐ Individual

Type of Owner: ☐ Entity

Social Security No. \_\_\_\_\_

FEIN \_\_\_\_\_

First Name \_\_\_\_\_

Entity Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Job Title \_\_\_\_\_

Last Name \_\_\_\_\_

Term Begin Date \_\_\_\_\_

Suffix \_\_\_\_\_

Term End Date \_\_\_\_\_

Job Title \_\_\_\_\_

Physical Address:

Term Begin Date \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Term End Date \_\_\_\_\_

Address Line 2 \_\_\_\_\_

Address Line 1 \_\_\_\_\_

City \_\_\_\_\_

Address Line 2 \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

City \_\_\_\_\_

Contact Person \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

**ENTER WAGES PAID**

Provide the amount of wages paid in each quarter for all non-exempt employees. If you did not pay wages in any quarter, enter a zero

Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
2023				
2024				
2025				
2026				

Employers must enter number of workers in each week.

2023 Week-Ending Dates	JAN 7	JAN 14	JAN 21	JAN 28	FEB 4	FEB 11	FEB 18	FEB 25	MAR 4	MAR 11	MAR 18	MAR 25	APR 1	APR 8	APR 15	APR 22	APR 29	MAY 6	MAY 13	MAY 20	MAY 27	JUN 3	JUN 10	JUN 17	JUN 24		
	JUL 1	JUL 8	JUL 15	JUL 22	JUL 29	AUG 5	AUG 12	AUG 19	AUG 26	SEP 2	SEP 9	SEP 16	SEP 23	SEP 30	OCT 7	OCT 14	OCT 21	OCT 28	NOV 4	NOV 11	NOV 18	NOV 25	DEC 2	DEC 9	DEC 16	DEC 23	DEC 30
2024 Week-Ending Dates	JAN 6	JAN 13	JAN 20	JAN 27	FEB 3	FEB 10	FEB 17	FEB 24	MAR 2	MAR 9	MAR 16	MAR 23	MAR 30	APR 6	APR 13	APR 20	APR 27	MAY 4	MAY 11	MAY 18	MAY 25	JUN 1	JUN 8	JUN 15	JUN 22	JUN 29	
	JUL 6	JUL 13	JUL 20	JUL 27	AUG 3	AUG 10	AUG 17	AUG 24	AUG 31	SEP 7	SEP 14	SEP 21	SEP 28	OCT 5	OCT 12	OCT 19	OCT 26	NOV 2	NOV 9	NOV 16	NOV 23	NOV 30	DEC 7	DEC 14	DEC 21	DEC 28	DEC 31
2025 Week-Ending Dates	JAN 4	JAN 11	JAN 18	JAN 25	FEB 1	FEB 8	FEB 15	FEB 22	MAR 1	MAR 8	MAR 15	MAR 22	MAR 29	APR 5	APR 12	APR 19	APR 26	MAY 3	MAY 10	MAY 17	MAY 24	MAY 31	JUN 7	JUN 14	JUN 21	JUN 28	
	JUL 5	JUL 12	JUL 19	JUL 26	AUG 2	AUG 9	AUG 16	AUG 23	AUG 30	SEP 6	SEP 13	SEP 20	SEP 27	OCT 4	OCT 11	OCT 18	OCT 25	NOV 1	NOV 8	NOV 15	NOV 22	NOV 29	DEC 6	DEC 13	DEC 20	DEC 27	DEC 31
2026 Week-Ending Dates	JAN 3	JAN 10	JAN 17	JAN 24	JAN 31	FEB 7	FEB 14	FEB 21	FEB 28	MAR 7	MAR 14	MAR 21	MAR 28	APR 4	APR 11	APR 18	APR 25	MAY 2	MAY 9	MAY 16	MAY 23	MAY 30	JUN 6	JUN 13	JUN 20	JUN 27	
	JUL 4	JUL 11	JUL 18	JUL 25	AUG 1	AUG 8	AUG 15	AUG 22	AUG 29	SEP 5	SEP 12	SEP 19	SEP 26	OCT 3	OCT 10	OCT 17	OCT 24	OCT 31	NOV 7	NOV 14	NOV 21	NOV 28	DEC 5	DEC 12	DEC 19	DEC 26	DEC 31

**PREVIOUS OWNER/OPERATOR INFORMATION**

Did you acquire (purchase, inherit, etc.) this business? ☐ Yes ☐ No

If Yes, provide details about the previous owner:

- a. Federal Identification Number (FEIN) \_\_\_\_\_ and SUTA Number \_\_\_\_\_
- b. Entity Name of the business acquired \_\_\_\_\_
- c. Previous Owner's Current Address  
Attention \_\_\_\_\_  
Care Of \_\_\_\_\_  
Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Country \_\_\_\_\_
- d. Phone Number \_\_\_\_\_
- e. Previous Owner's Business: ☐ Closed ☐ Continued ☐ Unknown
- f. Indicate the percentage acquired \_\_\_\_\_ %
- g. Acquisition Date \_\_\_\_\_
- h. Did you continue the previous owner's business in Missouri without interruption? ☐ Yes ☐ No
- i. Did you acquire multiple businesses on the same day? ☐ Yes ☐ No
- j. Did multiple businesses acquire the previous owner on the same day? ☐ Yes ☐ No
- k. Is there common ownership, management or control with the previous business owner/operator? ☐ Yes ☐ No

**NEW OWNERS, PARTNERS, or OFFICERS**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_

**PREVIOUS OWNERS, PARTNERS, or OFFICERS**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_

If you have served on active duty in the Armed Forces of the United States and would like information about veterans' services and benefits, please complete the survey here: [mvc.dps.mo.gov/MoVeteransInformation/Survey/DOLIR](http://mvc.dps.mo.gov/MoVeteransInformation/Survey/DOLIR)

**IMPORTANT:** If needed, call 573-751-1995 for assistance in the translation and understanding of the information in this document.

**¡IMPORTANTE!** Si es necesario, llame al 573-751-1995 para asistencia en la traducción y entendimiento de la información en este documento.

Missouri Division of Employment Security is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TDD/TTY: 800-735-2966 Relay Missouri: 711