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

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:

☐ Individual Ownership ☐ Corporation ☐ LLC - Individual ☐ LLC - Partnership ☐ LLC - Corporation
☐ Partnership ☐ Limited Partnership ☐ Local Government ☐ Association ☐ Limited Liability Partnership
☐ Limited Liability Limited Partnership ☐ 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 ☐ No
If Yes, select type: ☐ Crop ☐ Animal Other _____
If Yes, is this the primary business activity? ☐ Yes ☐ No

Does this business employ domestic help? ☐ Yes ☐ No
If Yes, select type: ☐ Household ☐ Caretaker ☐ Nanny ☐ Other _____
If Yes, is this the primary business activity? ☐ Yes ☐ No

Does this business involve non-agricultural or non-domestic work? ☐ Yes ☐ No
If Yes, select type below:

☐ Transportation ☐ Utilities ☐ Construction- Residential ☐ Food Services ☐ Financial Services
☐ Retail Sales - New ☐ Mortgages ☐ Construction- Commercial ☐ Health Services ☐ Mining
☐ Retail Sales - Used ☐ Wholesale ☐ Manufacturing ☐ Trucking ☐ Other _____

If Yes, is this the primary business activity? ☐ Yes ☐ No

Is this business a religious employer? ☐ Yes ☐ No

Is this business a federally recognized Indian tribe? ☐ Yes ☐ No
If 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 ☐ No

Is this organization a lessor/professional employment organization? ☐ Yes ☐ No
If 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 _____

Contact Person for Unemployment Tax

First Name _____

Middle Initial _____

Last Name _____

Job Title _____

Phone Number _____

Email Address _____

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

Attn _____

Care of _____

Address Line 1 _____

Address Line 2 _____

City _____

State _____ ZIP _____

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

Social Security No. _____
First Name _____
Middle Initial _____
Last Name _____
Suffix _____
Job Title _____
Term Begin Date _____
Term End Date _____
Address Line 1 _____
Address Line 2 _____
City _____
State _____ ZIP _____
Phone Number _____
Email Address _____

Type of Owner: ☐ Entity

FEIN _____
Entity Name _____
Job Title _____
Term Begin Date _____
Term End Date _____
Physical Address:
Address Line 1 _____
Address Line 2 _____
City _____
State _____ ZIP _____
Contact Person _____
Phone Number _____
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
2024				
2025				
2026				
2027				

Employers must enter number of workers in each week.

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
2027 Week-Ending Dates	JAN 2	JAN 9	JAN 16	JAN 23	JAN 30	FEB 6	FEB 13	FEB 20	FEB 27	MAR 6	MAR 13	MAR 20	MAR 27	APR 3	APR 10	APR 17	APR 24	MAY 1	MAY 8	MAY 15	MAY 22	MAY 29	JUN 5	JUN 12	JUN 19	JUN 26	
	JUL 3	JUL 10	JUL 17	JUL 24	JUL 31	AUG 7	AUG 14	AUG 21	AUG 28	SEP 4	SEP 11	SEP 18	SEP 25	OCT 2	OCT 9	OCT 16	OCT 23	OCT 30	NOV 6	NOV 13	NOV 20	NOV 27	DEC 4	DEC 11	DEC 18	DEC 25	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 _____ Name _____

Address _____ Address _____

City, State, ZIP _____ City, State, ZIP _____

PREVIOUS OWNERS, PARTNERS, or OFFICERS

Name _____ Name _____

Address _____ Address _____

City, State, ZIP _____ 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

***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