



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 at [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  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:

- |  |                                    |  |  |   |
|--|------------------------------------|--|--|---|
| <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  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 \_\_\_\_\_

#### **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. \_\_\_\_\_  
 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 \_\_\_\_\_

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
2021				
2022				
2023				
2024				

Employers must enter number of workers in each week.

2021 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
2022 Week-Ending Dates	JAN 1	JAN 8	JAN 15	JAN 22	JAN 29	FEB 5	FEB 12	FEB 19	FEB 26	MAR 5	MAR 12	MAR 19	MAR 26	APR 2	APR 9	APR 16	APR 23	APR 30	MAY 7	MAY 14	MAY 21	MAY 28	JUN 4	JUN 11	JUN 18	JUN 25	
	JUL 2	JUL 9	JUL 16	JUL 23	JUL 30	AUG 6	AUG 13	AUG 20	AUG 27	SEP 3	SEP 10	SEP 17	SEP 24	OCT 1	OCT 8	OCT 15	OCT 22	OCT 29	NOV 5	NOV 12	NOV 19	NOV 26	DEC 3	DEC 10	DEC 17	DEC 24	DEC 31
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

**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 \_\_\_\_\_

**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