



UNEMPLOYMENT TAX REGISTRATION

FOR DIVISION USE ONLY
SUTA _____
LIA 2699() ID _____

The Division of Employment Security (DES) has received information showing you are a potential employer in Missouri. For this reason you are being provided this form.

MAILING BLOCK

MAILING ADDRESS IF DIFFERENT:

FEIN# _____ DOR# _____

Phone Number _____

E-mail _____

Tax Preparer Billing Headquarters

If you need help completing this form or have questions visit our website at www.labor.mo.gov/DES/Employers/faqs.asp, e-mail esemptax@labor.mo.gov, call 573-751-3340, or fax 573-751-7483

MAIN BUSINESS IN MISSOURI

GENERAL

<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"/> Mortgage	<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 _____

AGRICULTURAL

Crop Animal Other _____

DOMESTIC

Household Caretaker Nanny CDS Provider Other _____

BUSINESS TYPE

<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC Sole Proprietor	<input type="checkbox"/> LLC Corporation	<input type="checkbox"/> Association
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> LLC Partnership	<input type="checkbox"/> LLP	<input type="checkbox"/> Other _____

If registered, provide charter information

State _____ Charter # _____ Charter Date ____/____/____

EMPLOYMENT INFORMATION

First Date of Worker in Missouri ____/____/____ First Date of Missouri Payroll ____/____/____

EMPLOYER TYPE

<input type="checkbox"/> General	<input type="checkbox"/> Domestic	<input type="checkbox"/> Religious	<input type="checkbox"/> Local Government	Do you wish to be a reimbursable employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Lessor/PEO	<input type="checkbox"/> State	<input type="checkbox"/> Indian Tribe	
			<input type="checkbox"/> 501C(3)	

ENTER WAGES PAID:

Year 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter

Did you employ workers during 20 weeks in a calendar year? Yes No

If "Yes," number of workers? _____ Quarter _____ and Year _____ of 20th week.

If you have not hired a Missouri worker, when do you anticipate hiring worker(s) in Missouri? _____

If no Missouri workers, please explain: _____

Were you liable under FUTA in another state? Yes No If "Yes," Year _____

Do you use Independent Contractors? Yes No

If "Yes," provide the contractor(s) name, address, SSN/FEIN, and phone number on a separate paper.

Are you leasing employees from another business? Yes No

If "Yes," include the name, address, FEIN, and phone number of the business on a separate paper.

ADDRESS INFORMATION

RESPONSIBLE PARTY (owner, partner, officer, member, other)

Name _____	Name _____
Residence _____	Residence _____
City, State, ZIP _____	City, State, ZIP _____
Title _____ Phone _____	Title _____ Phone _____
SSN/FEIN _____ DOB _____	SSN/FEIN _____ DOB _____
Contact Person _____ Phone _____	Contact Person _____ Phone _____

MISSOURI LOCATION ADDRESS

(physical address only; no P.O. Box)

Location Name _____
Address _____
City, State, ZIP _____
Location Activity _____

HEADQUARTERS ADDRESS

Attn _____
Street 1 _____
Street 2 _____
City _____
State _____ ZIP _____

PREVIOUS OWNER/OPERATOR INFORMATION

Did you acquire (purchase, inherit, etc.) this business? Yes No Date of Change ____/____/____

How was the business acquired?

Purchased Business Transferred Ownership Change in Organization
 Stock Ownership Change Merger/Reorganization Other _____

PREVIOUS OWNER/OPERATOR

Name _____ FEIN _____ SUTA Number _____
Address _____ Phone _____
City, State, ZIP _____ Contact Person _____

Did you continue without interruption of the previous owner/operator's business activities in Missouri? Yes No

If "No," explain the interruption _____

Did you acquire 100% of the previous owner/operator's Missouri business operations? Yes No

If "No," indicate the percentage of Missouri business operations acquired: ____%

Explain what portion of the business was acquired _____

Is there common ownership, management or control with the previous owner/operator? Yes No

NEW OWNERS, PARTNERS, OFFICERS

Name _____	Name _____
Address _____	Address _____
City, State, ZIP _____	City, State, ZIP _____

PREVIOUS OWNERS, PARTNERS, OFFICERS

Location Name _____	Location Name _____
Address _____	Address _____
City, State, ZIP _____	City, State, ZIP _____

SIGNATURE BLOCK

Signature of Person Completing this Form

Date

Print Name and Title

Telephone Number

*Missouri Division of Employment Security is an equal opportunity employer/program.
Auxiliary aids and services are available upon request to individuals with disabilities.*