RFIB

Business Registration Information
Utah Department of Workforce Services

140 East 300 South | Salt Lake City, Utah 84111
801-526-9235 or toll free 800-222-2857 | FAX 801-526-9760 | Relay Utah 711
Spanish Relay Utah 1-888-346-3162 | Equal Opportunity Employer/Programs | jobs.utah.gov

Want a temporary Utah Registration Number 'NOW'? Register online. It's fast, secure, easy to use and will only ask questions applicable to your business.

Register online at https://jobs.utah.gov/ui/employer/employerhome.aspx

Federal ID

- What is your Federal ID number? _____

Ownership Type

- ☐ Individual (Sole Proprietor)
- ☐ Corporation
- ☐ Joint Venture
- ☐ Association
- ☐ Limited Liability Company (LLC)
- ☐ Partnership/Limited Partnership (LP)
- ☐ Government County/Local/School District
- ☐ Charter School/School District Private
- ☐ Trust
- ☐ Estate
- ☐ Tribal Unit
- ☐ Other: _____

Construction Employer (If Applicable)

☐ Business has operated only in the State of Utah.

☐ Business has operated in another state prior to operating in the State of Utah.

Name of prior state: _____

Household Employer (If Applicable)

☐ Employer has paid or will pay $1,000 or more in wages in a calendar quarter for domestic services.

Year/Quarter _____

☐ Request to file UI contribution reports and payment annually on January 31st instead of quarterly.

Enter the amount of wages you have paid in Utah. If you have not paid wages enter "Zero".

	Jan 1 to Mar 31	Apr 1 to Jun 30	Jul 1 to Sep 30	Oct 1 to Dec 31
Current Year				
Prior Year				

Note: Domestic employers hire household workers such as, but not limited to: A nanny, babysitter, yard worker, driver, health aide, private nurse, housekeeper, caretaker, and cleaning people. In addition, employees of college fraternities and sororities are included in this category.

Agriculture Employer (If Applicable)

☐ Business has paid or will pay $20,000 or more in wages in a calendar quarter.

Year/Quarter _____

☐ Business has or will have 10 or more employees working in at least 20 different weeks during the calendar year of _____.

- Do you have additional agricultural payroll in a state other than utah? ☐ Yes ☐ No
- Enter the amount of wages you have paid in Utah. If you have not paid wages enter "Zero".

	Jan 1 to Mar 31	Apr 1 to Jun 30	Jul 1 to Sep 30	Oct 1 to Dec 31
Current Year				
Prior Year				

Note: If you have agricultural payroll in more than one state, the total payroll and number of employees from all states must be considered in determining whether you have paid $20,000 in a calendar quarter, or had ten (10) or more individuals in employment.

Business Registration Information
Utah Department of Workforce Services

Leasing Company (If Applicable)

☐ Business is a Professional Employer Organization (PEO)

☐ Utah PEO registration Number: _____

Note: A Professional Employer Organization (PEO) must register with the Utah Insurance Department before DWS can recognize its PEO status.

Limited Liability Company (LLC) (If Applicable)

☐ Corporate Election (Business files Federal taxes on IRS Form 1120S)

☐ Individual/Partnership Election (Business files Federal taxes on IRS Form 1040 Schedule C or Form 1065)

- ☐ With Employees
- ☐ Without Employees

Note: A Limited Liability Company (LLC) is considered a partnership or sole proprietor unless a corporate election is selected. LLC corporate election means the business has requested or been approved by the IRS to be taxed as a corporation. In this case, LLC members would be considered corporate officers. All payments for corporate officer's services are taxable and reportable for Utah unemployment insurance coverage.

Payroll Date

- What is the first or estimated payroll date of Utah wages paid to employees or corporate officers?

Date (MM/DD/YYYY): _____

Gross Amount: _____

Note: Wages are currently defined by Section 3306(b) of the Internal Revenue Code of 1986 and Section 35A-4-208 of the Utah Employment Security Act. Wages represent all payments for services performed including commissions, bonuses, salaries or draws to corporate officers, tips and the cash value of all remuneration in any medium other than cash.

Business/ DBA/ AKA Name (If Applicable)

- What is the Business Entity name? _____

DBA name? (If Applicable) _____

AKA name? (If Applicable) _____

Note: Provide the name of the business as it is legally organized. If you have more than one trade or business name, list the name or names by which your company is best known to the public.

Owner/ Entity Names

- List the Owner's/Partner's names, Social Security Numbers/Federal ID Numbers, mailing Addresses, and phone numbers.

Name	SSN/FEIN	Home Address	Home Phone

Note: If more space is needed, attach a separate sheet listing the names, SSN/FEIN, home addresses, and home phone numbers.

Officers/ Members

- What are the Officers/Members or Business name, titles, Social Security Numbers/ Federal ID Numbers, home/corporate mailing address and phone numbers?

Name	SSN/FEIN	Title	Home/Corp Address	Home/Corp Phone

Note: If more space is needed, attach a separate sheet listing the names, SSN/FEIN, titles, home addresses, and home phone numbers.

Business Registration Information
Utah Department of Workforce Services

Description/ NAICS code

(If Applicable)

- Describe in detail your principal business activity, product, and/or service of your Utah operation: _____
- If you know the NAICS code classification of your business, enter it here: _____
- If you have a Real Estate License Number, enter it here: _____

Note: Describe in detail the specific product or service you provide. For example, do you manufacture, install, sell wholesale or retail, or offer services? Describe the product, what is sold, or the type of services offered. (e.g., wholesale men's wear, construction single residential housing, or computer integrated systems design.)

Company Addresses Phones and Email

- Enter address, phone, fax, and email where tax forms should be sent:

Address, City, State, Zip		
	Phone	
	Fax	
	Email	

Note: Enter the phone number, fax number, and email address for the employer rather than those for the accountant or employer representative.

- Enter address, phone, fax, and email where unemployment claim forms should be sent:

Address, City, State, Zip		
	Phone	
	Fax	
	Email	

Note: Only enter if different from tax forms address above. Enter the phone number, fax number, and email address of the agent or office able to provide wage data, weeks of employment and other information about employees separated from your employment.

- Enter address, phone, fax, and email of the physical worksite location in Utah (No PO Boxes):

Street Address, City, State, Zip		
	Phone	
	Fax	
	Email	

Note: Only enter if different from tax forms address above. Enter the phone number, fax number, email address, and physical location (street address, city, state and zip code) for the principal work site in Utah. Attach another sheet if you have additional Utah worksites listing addresses of those sites.

- Enter address, phone, fax, and email where new hire information should be sent:

Address, City, State, Zip		
	Phone	
	Fax	
	Email	

Note: Only enter if different from tax forms address above. Enter the phone number, fax number, mailing address, and email address where new hire information should be sent.

Business Registration Information
Utah Department of Workforce Services

Ownership Change

(If Applicable)

- Did or will your business obtain in full or part, through an acquisition, merger or transfer, the assets, the trade/business, or workforce of another company?
  - ☐ No - Skip the rest of the Ownership Change section.
  - ☐ Yes - Complete the rest of the Ownership Change section.
- What is the Merger/Acquisition Date (MM/DD/YYYY)? _____.
- How did you acquire the business?
  - ☐ Reorganization
  - ☐ Change of Entity (e.g., proprietor to corporation)
  - ☐ Merger
  - ☐ Repossession
  - ☐ Sale of business to new business
  - ☐ Lease of business to new business
  - ☐ Transfer of trade or business
  - ☐ Transfer of workforce (employees)
  - ☐ Other: _____
  - ☐ Purchase assets of business
  - ☐ Purchase assets of business from the bankruptcy court
- What portion of the previous owner's assets, trade/business, or workforce was or will be obtained?

  _____ % of assets _____ % of trade/business _____ % of workforce (employees)
- Previous Business/Entity Information: Name _____

  Federal ID _____ Mailing Address _____

  Utah unemployment ID _____

  Continues to have Utah employees? ☐ Yes ☐ No

  Continues to operate a separate business in Utah? ☐ Yes ☐ No - Date closed: _____

Note: If you acquired (in whole or part) the business activity previously conducted by another entity, or if the business entity has changed (i.e., changed entity from a sole proprietorship to a corporation) even if the owners are still principally the same, complete all items in the "Ownership Change" section. "Acquired" means to come in possession of, obtain control of, or obtain the right to use the assets, business, or workforce through any legal means. An acquisition can include change to the form of ownership, inheritance, foreclosure, gift, or any items noted in the "How did you acquire the business" segment.

- List any current owner who was also a previous owner or who is related to any previous owner. "Related" means one's self, spouse, parent, step-parent, child, step-child, sibling or step-sibling.

Name	SSN/FEIN	Percent of Ownership	Family Relationship

- Select the common management practices of your business retained from the previous owner:
  - ☐ Management, managers, officers, board of directors
  - ☐ Personnel and human resource policies
  - ☐ Operating procedures
  - ☐ Sales and pricing policies
  - ☐ Collection procedures
  - ☐ None of the above
  - ☐ Accounting practices
  - ☐ Financing policies
  - ☐ Other: _____
- Select the common control practices your business retained from the previous owner:
  - ☐ Control of the assets used to conduct the business enterprise
  - ☐ Financing and/or leasing arrangements
  - ☐ None of the above
  - ☐ Business, professional and regulatory licenses
  - ☐ Contracts
  - ☐ Other: _____

Note: If you are a current owner of this business as well as a previous owner of the transferred business, enter your name, social security number, and percentage of ownership in the new business. If you are a current owner and are related to any previous owner of the transferred business, enter your name, social security number, percentage of ownership in the new business and your family relationship.

Business Registration Information
Utah Department of Workforce Services

Election Method

(Applicable for Charter School, 501(c)(3) Non-Profit Organizations, Governmental and Tribal Units Only)

- What is the method your organization elects to file its unemployment report and payment?

☐ A) Reimbursement of Unemployment Benefits Paid
The above organization elects to reimburse the Unemployment Insurance Fund an amount equal to the amount of regular benefits and one-half of the extended benefits paid that is attributable to service performed by former employees of the above organization. This election requires the filling of quarterly employment and wage reports.

☐ B) Payment of Quarterly Contributions
The above organization elects to file quarterly reports and pay any contributions as required by Section 35A-4-302 of the Utah Employment Security Act. Tax Rate is determined by business activity described.

Note: This decision must be made by individual(s) with the authority to make a financial commitment for the organization.

Selection "A" of this option will require that your organization reimburse the Unemployment Insurance Fund for the actual amount of unemployment benefits paid to your former employees. You will receive a detailed billing each month showing the benefits paid to each individual for the prior month. The initial election of "Reimbursement of Unemployment Benefits Paid" will remain in effect for a minimum of one calendar year. If a change in election of method is desired, submit a written notice not later than 30 days prior to the beginning of the next calendar year. Subsequent elections remain in effect for a minimum of two calendar years. Section 35A-4-309 of the Utah Employment Security Act.

Selection "B" of this option will require that your organization submit a quarterly contribution (tax) report and pay a quarterly contribution to the Unemployment Insurance Fund. The contribution (tax) is calculated by multiplying the taxable wages paid during the quarter by the contribution rate. The rate is initially determined by using an existing rate, which prevails for employers in your general business classification. After a fiscal year of experience (July 1 – June 30), your rate for the next calendar year will be determined by the experience or history of benefits paid to your former employees and taxable wages from your organization for the same benefit period.

If you organization is determined to be subject to the Utah Employment Security Act, your organization will be required to submit a quarterly list of employees showing each individual's social security number, name, and quarterly gross earnings. This is regardless of the election for reimbursable or contributory coverage.

Non-Profit Employee Count Worksheet

(Applicable for 501(c)(3) Non-Profit Organizations Only)

- Non-Profit organizations: Use this worksheet to record the total number of employees nationwide employed per week in the appropriate year. Count each individual in employment who worked for some portion of a day in each week regardless of whether they were employed at the same moment of time. Volunteer workers are not to be included in the total count for each week.

	Number of Employees			Number of Employees			Number of Employees			Number of Employees	
Week	Current Year	Previous Year	Week	Current Year	Previous Year	Week	Current Year	Previous Year	Week	Current Year	Previous Year
1			14			27			40		
2			15			28			41		
3			16			29			42		
4			17			30			43		
5			18			31			44		
6			19			32			45		
7			20			33			46		
8			21			34			47		
9			22			35			48		
10			23			36			49		
11			24			37			50		
12			25			38			51		
13			26			39			52		

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Utah Department of Workforce Services

Supporting Documents	• Attach any required supporting documents. • 501 (C)(3) Exemption Letter from the IRS If you are a non-profit organization and elect the Reimbursement of Unemployment Benefits Paid option, then you need to attach a copy of your IRS 501 (C)(3) Exemption Letter. • Purchase Agreement If you are acquiring another business (in whole or in part), attach a copy of the purchase agreement. • Charter School or 501 (C)(3) Exemption Letter If you are a charter school and elect the Reimbursement of Unemployment Benefits Paid option, then you need to attach a copy of your charter or IRS 501 (C)(3) Exemption Letter. • Other Correspondence Attach any other document or correspondence that you have been asked to attach by a representative at the Utah Department of Workforce Services.
Identity & Signature	• Please print the requested contact information below before signing on the bottom line: Name: _____ Title: _____ Phone: _____ Email: _____ Website: _____ • I certify that the information contained in this report is true and correct Signature: _____ Date: _____