



New York State Employer Registration for Unemployment Insurance, Withholding, and Wage Reporting for Governmental Entities

For office use only:
U.I. Employer Registration No.

Return completed form (type or print in ink) to the
address above, or fax to (518) 485-8010

Need Help? Call 1-888-899-8810

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1. FEIN (Federal Employer Identification Number): -
 2. Phone no.: () - Fax no.: () -
 3. Legal name _____
 4. Other commonly known name of entity _____
 5. Type of entity. Check applicable box.
 City School district Company
 Town Village Other (specify) _____
 6. If your entity is a legally established component or subdivision of another entity, and the unemployment insurance liability is the responsibility of such entity, check here and enter legal name and address of the other entity (e.g., The Sewer district of Yort is a subdivision of the Town of Yort which is responsible for unemployment insurance liability; in this case, the legal name and address of the town would be entered).

 7. Please check the option you wish to use to discharge your unemployment insurance liability:
 Contribution method
 Benefit reimbursement method (for additional information, refer to pamphlet *Benefit Reimbursement* (IA 318.3)).
 8. Enter the estimated or approximate number of individuals working in **covered** employment: _____
 9. Enter the date **covered** employment began
(mmddyy)
Do not consider the following as covered employment:
 - An elected official
 - An member of a legislative body or of the judiciary body
 - A member of the state national guard or air national guard, except a person who renders such services as a regular state employee
 - An inmate of a custodial or penal institution
 - A person serving on a temporary basis in case of fire, storm, snow, earthquake, flood or similar emergency
 - A person in a major nontenured policy making or advisory position
 - A person in a policy making or advisory position, the duties of which ordinarily do not require more than eight hours per week to perform
 10. Enter the date of the first payroll from which you withheld or will withhold NYS Income Tax from your employees:

(mmddyy)

