Department of Taxation and Finance and Department of Labor Unemployment Insurance Division Registration Section Harriman State Office Campus, Bldg. 12 Albany, NY 12240-0339 www.labor.ny.gov

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

| | - | _ | Oovernmental Entitles |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------|
| | Γ | ٦ | 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 |
| | L | ٦ | Need Help? Call 1-888-899-8810 |
| | | | |
| | | | |
| 1. | FEIN (Federal Employer Identification Number): | | |
| 2. | Phone no.: (Fax r | no.: (| |
| 3. | Legal name | | |
| 4. | Other commonly known name of entity | | |
| 5. | Type of entity. Check applicable box. | hool distri | ct Company |
| | ☐ Town ☐ Vil | llage | Other (specify) |
| 6. | If your entity is a legally established component or subdivision of and of such entity, check here and enter legal name and address of Town of Yort which is responsible for unemployment insurance liability entered). | of the other | entity (e.g., The Sewer district of Yort is a subdivision of the |
| | | | |
| 7. | Please check the option you wish to use to discharge your unemplo | ymentins | urance liability: |
| | Contribution method | | |
| | Benefit reimbursement method (for additional information, refer | r to pamph | let Benefit Reimbursement (IA 318.3). |
| 8. | Enter the estimated or approximate number of individuals working in | n covered | employment: |
| 9. | Enter the date covered employment began (mmddyy) | | |
| | Do not consider the following as covered employment: | | |
| | An elected official | • A pe | rson serving on a temporary basis in case of fire, storm, |
| | • An member of a legislative body or of the judiciary body | | , earthquake, flood or similar emergency |
| | A member of the state national guard or air national | - | rson in a major nontenured policy making or advisory |
| | quard except a person who renders such services as a | nosit | ion |

- guard, except a person who renders such services as a regular state employee
- An inmate of a custodial or penal institution

- 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 th | ne first payroll from whic | h you withheld or will withhold i | NYS Income ' | Tax from your emp | loyees |
|-----|----------------------|----------------------------|------------------------------------------|--------------|-------------------|--------|
|-----|----------------------|----------------------------|------------------------------------------|--------------|-------------------|--------|

| (mmddyy) | | | | | |
|----------|--|--|--|--|--|

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11. Required Addresses.

| Mailing Address: This is your business mailing address where your Withholding Tax (WT) and Unemployment Insurance (UI) mail will be delivered. However, if you elect to have your UI mail directed to an address other than your place of business, complete number 11d below | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--|--|--|
| Street or PO Box: | | | | | |
| City: | State: | ZIP Code: | | | |
| 11b. Physical Address: This is the physical location of your busines | Physical Address: This is the physical location of your business, if different from the mailing address in 11a. | | | | |
| Street: | | | | | |
| City: | State: | ZIP Code: | | | |
| | 1c. Location of Books/Records: This is the physical location where your Books and Records are maintained. ☐ Same as 11a ☐ Same as 11b ☐ Other – please complete | | | | |
| C/O: | | | | | |
| Street: | | | | | |
| City: | State: | ZIP Code: | | | |
| Additional Addresses | | | | | |
| 11d. Agent Address (C/O): Complete this if your UI mail should be s | ent to an address ot | her than your business address. | | | |
| C/O: | | | | | |
| Street or PO Box: | | | | | |
| City: | State: | ZIP Code: | | | |
| Telephone: (| | | | | |
| 11e. LO 400 form – Notice of Entitlement and Potential Charges Address: If completed, this is where the LO 400 will be directed. It is mailed each time a former employee files a claim for Unemployment Insurance Benefits. ☐ Same as 11d ☐ Other – please complete | | | | | |
| C/O: | | | | | |
| Street: | | | | | |
| City: | State: | ZIP Code: | | | |
| | | | | | |
| I affirm that I have read the above questions and that the answers provided are true to the best of my knowledge and belief. | | | | | |
| Signature of Chief Executive Officer | Phoneno::(| (mm/dd/yyyy) | | | |
| Official Position | | , | | | |