



10. Enter the date of the first payroll from which you withheld or will withhold NYS Income Tax from your employees: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

11. Required Addresses.

11a. **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 business, *if* different from the mailing address in 11a.

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

11c. **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 sent to an address other than your business address.

C/O: \_\_\_\_\_

Street or PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ ext: \_\_\_\_\_

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 (mm/dd/yyyy)

\_\_\_\_\_  
Official Position Phone no. (\_\_\_\_) \_\_\_\_ - \_\_\_\_