

South Dakota Department of Labor and Regulation

Unemployment Insurance Division

PO Box 4730, Aberdeen, SD 57402-4730 • Phone 605.626.2312 • Fax 605.626.3347 • www.sdjobs.org

This report must be completed whether or not you are liable for contributions under the South Dakota Unemployment Insurance Laws. Completion will help determine if you must pay state unemployment insurance taxes. Return this report **within 10 days** unless you receive different instructions. If you have no employees, answer only Questions 1 through 10, sign the form on the second page and return it to the above address

<b>1. Purpose of Registration (Choose one)</b>	New Employer Acquired a Business	Reinstatement Changed Ownership Type/Reorganization of Company																																				
1a. <b>Have you previously reported</b> to the SD Unemployment Insurance Division? Yes    No <b>If Yes</b> , enter the account number 1b. <b>If you intend to use a TPA</b> (Third Party Administrator), go to www.sdjobs.org, complete and submit a Form POA. 1c. <b>Are you a PEO</b> (Professional Employee Organization)? Yes    No <b>If Yes</b> , you must use your client's FEIN and information. South Dakota does not recognize PEO organizations as the liable employer. 1d. <b>If you are a non-profit organization</b> as described in section 501(c)(3) of the IRS Code, go to www.sdjobs.org, complete and submit Form 1NP.																																						
<b>2. Enter your FEIN</b> _____		Do Not Write in This Box – For SD DLR Office Use Only																																				
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="font-size:small;">NACIS Code</td> <td colspan="2" style="font-size:small;">Account Number</td> </tr> <tr> <td style="font-size:small;">C – Number</td> <td style="width:50px;"></td> <td style="font-size:small;">Liable Date</td> <td style="width:50px;"></td> </tr> <tr> <td style="font-size:small;">Qualify Code</td> <td></td> <td style="font-size:small;">Applicable Rates</td> <td style="font-size:small;">UI</td> </tr> <tr> <td style="font-size:small;">Qualify Date</td> <td></td> <td></td> <td style="font-size:small;">AF</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="font-size:small;">IF</td> </tr> <tr> <td style="font-size:small;">Territory</td> <td></td> <td style="font-size:small;">Reviewer's initials</td> <td></td> </tr> <tr> <td></td> <td></td> <td style="font-size:small;">Date</td> <td></td> </tr> <tr> <td style="font-size:small;">Account Code</td> <td style="font-size:small;">N</td> <td style="font-size:small;">P</td> <td style="font-size:small;">Wage Successor</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="font-size:small;">Wage Year</td> </tr> </table>	NACIS Code		Account Number		C – Number		Liable Date		Qualify Code		Applicable Rates	UI	Qualify Date			AF				IF	Territory		Reviewer's initials				Date		Account Code	N	P	Wage Successor				Wage Year
NACIS Code		Account Number																																				
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		Date																																				
Account Code	N	P	Wage Successor																																			
			Wage Year																																			
<b>3. Business Phone</b>		<b>Cell</b>																																				
3a. Fax Number																																						
3b. Name of Contact Person																																						
3c. Email of Contact Person																																						
3d. Email of Business																																						
<b>4. Legal Business Name</b> (name of sole owner, partnership, corporation, limited liability company, or other)																																						
<b>5. Business Name or DBA</b>																																						
<b>6. Primary Mailing Addresses:</b> Your unemployment insurance tax forms and benefits mail will be delivered to your <b>Primary Mailing Address</b> . This may include legal determinations and other important time sensitive information. However, you may have mail relating to unemployment insurance benefits directed to an alternative address. See number 7.																																						
<b>Primary Mailing Address</b>																																						
Street or P.O. Box																																						
City, State, Zip																																						
<b>Business Headquarters Location</b>																																						
Street Address (Not a P.O. Box)																																						
City, State, Zip																																						
<b>7. Unemployment Insurance Benefits Mailing Address:</b> If you want mail relating to unemployment insurance benefits directed to an alternative address, please make this request on your business letterhead and include with this form.																																						
<b>8. Type of Ownership</b> (Choose One)	1. Individual    2. Partnership    3. Corporation    4. Association 5. LLC    Type of Federal Income Tax Return filed with the IRS? 1040    1065    1120    1120s	For Corporations: Date Incorporated State of Incorporation																																				
<b>9. Identification of Owner, Partners, Corporate Officers, and Members.</b>																																						
Social Security Number	Name	Title	% of Ownership	Residential Address ( Not a P.O. Box)																																		
<b>10. If you have or had any individuals performing services for you in South Dakota</b> who you consider to be independent contractors or subcontractors and not your employees, attach a separate sheet of paper listing their name, business name, address, telephone number, type of business activity and FEIN/SSN.																																						
10a. Do you pay any individuals for day labor, casual labor, or cash?    Yes    No																																						

Please complete additional questions on second page of form and sign.

11. Date you first hired or expect to hire workers in South Dakota.  
 11a. Date you first processed or will process payroll for workers in South Dakota.  
 11b. Be advised, any remuneration to corporate officers, including dividends and disbursements in lieu of wages, is reportable.  
 11c. Enter below your gross quarterly payrolls. Include all wages for work performed primarily in South Dakota, paid through today's date. Do not include wages you expect to pay in the future. List agricultural and non-agricultural (Non Ag) wages separately.

Year	1 <sup>st</sup> Qtr Jan. – March	2 <sup>nd</sup> Qtr April – June	3 <sup>rd</sup> Qtr July – Sept.	4 <sup>th</sup> Qtr Oct. – Dec.
Current	Non Ag	Non Ag	Non Ag	Non Ag
	Agricultural	Agricultural	Agricultural	Agricultural
Preceding	Non Ag	Non Ag	Non Ag	Non Ag
	Agricultural	Agricultural	Agricultural	Agricultural
Preceding	Non Ag	Non Ag	Non Ag	Non Ag
	Agricultural	Agricultural	Agricultural	Agricultural

12. If a non-agricultural business, have you had or will you have one (1) or more workers for 20 weeks or more in any calendar year?  
 Yes No Enter the ending date of the 20<sup>th</sup> week  
 If an agricultural business, have you had or will you have ten (10) or more workers for 20 weeks or more in any calendar year?  
 Yes No Enter the ending date of the 20<sup>th</sup> week  
 Include all part-time employees (including day laborers) and corporate officers working for the corporation.

13. Did you acquire any portion of an already established business? Yes No If yes, complete 13a, 13b, 13c.  
 13a. Name of business acquired. Owner  
 13b. Date of the acquisition? SD UI account number FEIN  
 13c. It was agreed between you and the former owner that: All None Portion of the employer's experience rating account shall be acquired with the assets and liabilities following the account as provided in Section 61-5-42 SDCL. If the ownership, management or control of the successor is substantially the same as the predecessor, a transfer of the experience rating account will be mandatory.

14. Business Activity Information and Physical Location

If you have any questions regarding this section only, please call the Labor Market Information Center at 1.800.592.1881 or 605.626.2314.

14a. Check the box that best describes your primary business activity.

- Agricultural
- Mining
- Utilities
- Manufacturing
- Wholesale Trade
- Retail Trade
- Other Services
- Transportation
- Long Distance
- Local
- Information Services
- Finance & Insurance
- Real Estate, Rental & Leasing
- Professional, Scientific, & Technical Services
- Health Care & Social Assistance
- Arts, Entertainment, & Recreation
- Accommodations & Food
- Management of Companies & Enterprises
- Administrative, Support, Waste Management & Remediation Services
- Educational Services
- Public Administration
- Construction
- Residential Building Construction
- Nonresidential Building Construction
- Specialty Trade Contractors
- Heavy & Civil Engineering Construction

14b. Indicate the specific activity of your business (e.g. fast food restaurant, house building).

14c. List physical location(s) in South Dakota. List street, city, ZIP code, and the number of workers for each location. Include home addresses of personnel when the company does not have an office or work-site in South Dakota.

Street Address (Not a P.O. Box)	City	ZIP Code	Number of Employees in Each Location

15. Do you or will you have liability under the Federal Unemployment Tax Act or liability under another state's unemployment laws in the current or preceding calendar year? Yes No If yes, which year(s)?  
 Indicate the Other States

16. Your signature indicates this report is true and complete to the best of your knowledge.

Signature \_\_\_\_\_ Title \_\_\_\_\_  
 Print name \_\_\_\_\_ Date \_\_\_\_\_

An unemployment account will not be established until you have met the liability requirements. If you do not currently have employees but indicate employment may begin in the future, an additional inquiry may be made to determine your liability under the unemployment laws at a later date. You may also contact this office directly to inform the department of a change in your employment status.