

**EMPLOYER'S REPORT TO DETERMINE LIABILITY
FOR 501c3 NON PROFIT ORGANIZATIONS****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.

NON PROFIT – NON PROFIT

1. Purpose of Registration (Choose one)	New Employer Acquired a Business	Reinstatement Request Change to Method of Payment																																				
1a. Have you previously reported to the SD Unemployment Insurance Division? Yes No If Yes, enter account number																																						
1b. If you intend to use a TPA (Third Party Administrator), go to www.sdjobs.org , complete and submit a Form POA.																																						
2. Enter your FEIN	-																																					
<small>Do Not Write in This Box – For SD DLR Office Use Only</small>																																						
3. Business Phone		Cell																																				
3a. Fax Number																																						
3b. Name of Contact Person																																						
3c. Email of Contact Person																																						
3d. Email of Business																																						
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4. Legal Business Name (name of sole owner, partnership, corporation, limited liability company, or other)																																						
5. Business Name or DBA																																						
6. Primary Mailing Addresses: Your unemployment insurance tax forms and benefits mail will be delivered to your Primary Mailing Address . 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.																																						
Primary Mailing Address																																						
Street Address or P.O. Box																																						
City, State, Zip																																						
Business Headquarters Location																																						
Street Address (Not a P.O. Box)																																						
City, State, Zip																																						
7. Unemployment Insurance Benefits Mailing Address: 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.																																						
8. Type of Ownership (Choose One)	1. Corporation 2. Association	For Corporations Date Incorporated State of Incorporation																																				
9. Identification of Principal Administrative Officers.																																						
Social Security Number	Name	Title																																				
		Residential Address (Not a P.O. Box)																																				

Please complete additional questions on back of form and sign.

10. Date you first hired or expect to hire workers in South Dakota.

10a. Date you first processed or will process payroll for workers in South Dakota?

10b. Be advised, any remuneration to corporate officers, including dividends and disbursements in lieu of wages, is reportable.

10c. 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.

Year	1 st Qtr Jan. – March	2 nd Qtr April – June	3 rd Qtr July – Sept.	4 th Qtr Oct. – Dec.
Current				
Preceding				

11. Have you had or will you have four (4) or more workers for 20 weeks or more in any calendar year?

Yes No Enter the ending date of the 20th week

Include all part-time employees (including day laborers) and corporate officers working for the corporation.

12. Did you acquire any portion of an already established business? Yes No If yes, complete 12a, 12b, 12c.

12a. Name of business acquired. Owner

12b. Date of the acquisition? SD UI account number FEIN
If the former owner reimbursed the fund in lieu of the payment of contributions, the UI account is not transferrable to the new owner.

12c. 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.

13. 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.

13a. Check the box that best describes your primary business activity.

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

13b. Indicate the specific activity of your business (e.g. fast food restaurant, house building).

13c. 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

14. Do you or will you have 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

15. We elect the following method of payment: (Choose one) If you do not choose an election, you will automatically pay contributions.

- To pay contributions as an employer as provided in chapter 61-5 SDCL
 - Elect reimbursement of benefits in lieu of contributions as provided in chapter 61-5A-6 SDCL
 - Periodic billing for payment in lieu of contributions based on payroll as provided in chapter 61-5A-28 SDCL
- SURETY BOND REQUIRED:** Organizations or group of organizations electing to reimburse for benefits in lieu of contributions in elections 2 and 3 above may, at the discretion of the South Dakota Department of Labor and Regulation, be required to furnish a surety bond.

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.