

**REGISTRATION REPORT TO DETERMINE LIABILITY  
FOR POLITICAL SUBDIVISION**

**South Dakota Department of Labor and Regulation**

Unemployment Insurance Division

PO Box 4730, Aberdeen, SD 57402 • 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 Law, and returned to the Division within 10 days.**

<b>1. Enter your Federal Identification Number:</b>		Do Not Write In This Space – SD DLR Use Only																				
		Account Number:																				
<b>2. Phone Number</b> <span style="float: right;">Cell</span>  <b>Fax Number</b>  <b>Contact Person(s)</b>  <b>Email Address</b>	C-number		Employer Liability Begins																			
	Liability Code		Applicable Rates		UI																	
	& Date		Territory		IF																	
	Reviewer		Date																			
<b>3. Owner or Corporate Name</b>		Account Code	N	P	P-Number																	
		Type of Election			Bond																	
		Contribution	Reimbursement	Percentage	Yes	No																
<b>4. Business Name</b>																						
<b>5. Mail Address</b> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>(Address)</span> <span>(City)</span> <span>(State)</span> <span>(Zip Code)</span> </div>																						
<b>6. Business Headquarters Address</b> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>(Street Address)</span> <span>(City)</span> <span>(State)</span> <span>(Zip Code)</span> </div> <p><b>Type Of Organization:</b> (Check One)    1. City    2. County    3. Township    4. School District</p> <p>Other _____</p>																						
<b>7. Identification Of Principal Administrative Officers:</b> <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="width:15%;">Social Security Number</th> <th style="width:30%;">Name</th> <th style="width:15%;">Title</th> <th style="width:40%;">Residence Address</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>							Social Security Number	Name	Title	Residence Address												
Social Security Number	Name	Title	Residence Address																			
<b>8. Work Locations:</b> (List additional locations In Comment Section)			Nature of Business																			
Street Address	City		Primary Activity	Principal Service																		
(A)																						
(B)																						
<b>9. Date of First Employment in South Dakota:</b>																						
<b>10. We elect the following method of payment:</b> (check one) (see reverse for information on available options.) <input type="checkbox"/> To pay contributions as an employer as provided in chapter 61-5 SDCL. <input type="checkbox"/> Elect reimbursement of benefits in lieu of contributions as provided in chapter 61-5a-6 SDCL. <input type="checkbox"/> Periodic billing for payment in lieu of contributions based on payroll as provided in chapter 61-5a-28 SDCL.																						

**12. Signature:** This report must be signed by an elected officer of the organization, a principal administrative officer, or a responsible and duly authorized person having knowledge of the organization.

I hereby certify that the information contained in this report is true and correct to the best of my knowledge, information and belief.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

## EXPLANATIONS OF OPTIONS SHOWN IN ITEM 10

(1) Under this election the political subdivisions, elementary and secondary schools or group of such organizations would pay contributions in the same manner and at the same rates as for-profit employers subject to the law.

(2) Under this election the political subdivisions, elementary and secondary schools or group of such organizations agrees to pay the actual cost of benefit payments based on wages reported by the organization or group of organizations. This election must be made within 30 days following the date the nonprofit organization becomes subject to the law, and remains in effect for a period of at least two years. This election can be terminated by filing a notice of termination with the South Dakota Department of Labor and Regulation, Unemployment Insurance Division no later than 30 days before the beginning of a calendar year. The organization will be billed for benefit costs each quarter and payment to the Unemployment Insurance Division must be made within 30 days after the date of billing.

(3) Political subdivisions, elementary and secondary schools or a group of such organizations electing to pay the actual cost of benefits may make a further election to pay equal amounts each calendar quarter regardless of benefit charges during that quarter, with an adjustment being made at the end of each calendar year. This determination shall be based each year on the average benefit costs attributable to service in the employ of political subdivisions during the preceding calendar year.

Any the political subdivisions, elementary and secondary schools or group of such organizations which does not make an election under Options (2) or (3) described above will automatically pay contributions under Option (1).

**SURETY BOND REQUIRED.** Organizations or a 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.

Quarterly wage reports will be required of all organizations regardless of the type of payment method selected.

**COMMENTS:** Please identify by number the question you are answering.