



**STATE OF ALABAMA
DEPARTMENT OF INDUSTRIAL RELATIONS
UNEMPLOYMENT COMPENSATION DIVISION
649 MONROE STREET
MONTGOMERY, ALABAMA 36131
STATUS UNIT: (334) 242-8830 FAX: (334) 242-2067
www.dir.state.al.us**



APPLICATION TO DETERMINE LIABILITY

IMPORTANT NOTICE

Under Alabama law you are required to furnish the information requested on this application. Each false statement or refusal to furnish information on this report, or willful refusal to make contributions or other payments is punishable by fine or imprisonment, or both, and each day of such refusal shall constitute a separate offense.

EMPLOYER NAME AND MAILING ADDRESS

FEDERAL EMPLOYER I.D. NUMBER (FEIN)

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This number is assigned by the Internal Revenue Service

- Mark (X) one type of employment. A separate form must be filed for each type of employment.
NON-FARM **AGRICULTURE** **DOMESTIC** **GOVERNMENT: STATE** **LOCAL**
- Do you have a previous Alabama Unemployment Compensation Account? **YES** **NO** **2a.** If yes, account number: _____
- Do you have employees located in another state? **YES** **NO** **3a.** If yes, in what state(s)? _____
- Is your firm subject to the Federal Unemployment Tax Act (FUTA)? **YES** **NO** **4a.** If yes, year liability was first incurred: _____
4b. Have you remained liable since that date? **YES** **NO**
- Did you start a new business? **YES** **NO** **5a.** If no, did you acquire an ongoing business? **YES** **NO**
5b. Date Alabama employment began: _____
- If you acquired **ALL** or **PART** of an ongoing business, enter the NAME, TRADE TITLE and ADDRESS of your predecessor employer: _____
6a. Predecessor's telephone number (if known): _____ **6b.** Predecessor FEIN (if known): _____
6c. If your predecessor was liable in Alabama, enter their Alabama Unemployment Account Number (if known): _____
6d. Date acquired from predecessor: _____ **6e.** Did your predecessor discontinue business? **YES** **NO**
6f. If yes, date discontinued: _____
- List below **TOTAL ALABAMA WAGES** paid to all employees during each calendar quarter of each year from the date in Item 5b. Include remuneration paid to officers of corporations and wages of part-time employees for current year and previous year, if applicable.

	JAN-FEB-MAR	APR-MAY-JUNE	JULY-AUG-SEPT	OCT-NOV-DEC
CURRENT YEAR	\$	\$	\$	\$
PREVIOUS YEAR	\$	\$	\$	\$

- List below, by type of employment, the number of individuals in your employ within each week. A month with five Saturdays is considered to have five weeks of employment. Include all part-time employees and officers remunerated by corporations.

Current Year:	WEEK	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
	1st												
2nd													
3rd													
4th													
5th													

Previous Year:	WEEK	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
	1st												
2nd													
3rd													
4th													
5th													

IMPORTANT: Please complete this application, Questions 1-14.

9. **ITEM 9 MUST BE COMPLETED IN ITS ENTIRETY.** Use the enclosed instruction sheet for Item 9 to complete Columns 1-5, refer questions to LMI at 334-242-8873. **Please Be Specific.** List **each** location and type of operation or activity separately. (Attach additional sheets if necessary.)

Column 1	Column 2	Column 3	Column 4	Column 5
Name and location – Each unit in Alabama. Enter “Statewide” if no permanent Location	Alabama County	Employee Count Per Unit	Indicate specific type of activity in detail See Instructions Sheet For Assistance	Enter Percentage
				%
				%
				%
				%

- 9a. Is the above work site primarily engaged in performing support or services for other work sites of the company? **YES** **NO**
 9b. To whom are most of your products sold? **GENERAL PUBLIC** **CONSTRUCTION CONTRACTORS** **RETAILERS**
WHOLESALEERS **OTHERS** (Specify): _____

10. Form of Organization: **INDIVIDUAL** **PARTNERSHIP** **CORPORATION** **ASSOCIATION**
ESTATE OR TRUST **LLC (see 10a.)** **NON-PROFIT ORGANIZATION (see 10b.)** **OR OTHER**
 (Specify): _____

10a. Indicate tax filing status with IRS (include all members and their social security numbers or Federal identification numbers in Item 11):

CORPORATION **PARTNERSHIP** **SOLE PROPRIETOR** **DISREGARDED ENTITY**

10b. Is the organization exempt under 501 (c)(3) of the IRS Code? **YES** **NO** (If yes, submit a copy of the 501(c)(3) letter of exemption.)

11. For positive identification, list below the full name(s), social security number(s), and title(s) of individual owner, partners or officers.

Name	Social Security Number	Title

12. If not otherwise subject, do you wish to voluntarily elect coverage under the Alabama Law? **YES** **NO**

13. **Name and business location/physical address:**

 Name of Applicant, Employer, Corporation, Partnership, Trust, etc.

 Trade Name or Division (if different from above)

 Physical Address

 City County State Zip

 Area Code - Telephone Area Code - Facsimile

 Contact Person Email Address

13a. **Tax Preparer/CPA/Accountant:**

 Name of Tax Preparer/CPA/Accountant

 Trade Name or Division (if different from above)

 Address

 City County State Zip

 Area Code - Telephone Area Code - Facsimile

 Contact Person Email Address

I certify the information provided on this application is true and correct to be best of my knowledge.

14. Business Name: _____ Signature: _____ Date: _____

NOTE: IF CPA, TAX PREPARER, ETC., IS ONLY SIGNATURE, PLEASE ENCLOSE POWER OF ATTORNEY.