



Employer Registration Report



UCS-1
R. 02/01

UC Employer Account Number

Please complete front and back in black ink. (Print or type)

1. Federal Employer Identification Number (FEIN) [] [] - [] [] [] [] [] [] [] []

2. Legal name of employer _____
(Sole proprietor, partners, or corporate name, etc.)

3. Trade name (d/b/a) _____ Telephone No. (____) _____

4. Mailing address _____
(Street address, City, State, ZIP)

5. Business location _____
(Florida street address, City, State, ZIP)

6. Legal entity types (check only one)

- Sole proprietor
- Partnership
- S corporation
- Limited partnership
- Joint venture
- Limited liability corp
- Corporation (state incorporated) _____
- Government instrumentality (city, county, special district, etc.)
- Other (specify) _____

7. Employer type (check all that apply)

- Regular
- Domestic (household)
- Agricultural
- Agricultural citrus
- Non-profit organization (501(c)(3) attached)
- Political instrumentality (city, county, or municipality)
- Agricultural crew chief
- Purchased existing business (complete Form UCS-1S)

8. Did your business pay federal unemployment tax in another state in the previous or current calendar year?
 Yes No State(s) _____ Year(s) _____

9. Date of first employment in Florida _____
(This includes full and part-time employees and officers of a corporation. If resuming employment, enter date resumed.)

10. Do you use, or intend to use, the services of individuals you consider to be self-employed?
 Yes No If yes, please explain type(s) of services performed. _____

11. Do you wish to elect to extend the coverage of the law to your workers who are not covered because they work in exempt employment or because you are not liable for the payment of unemployment tax?
 Yes No If yes, proper forms will be furnished by this agency. The election would require liability for a period of at least one complete calendar year.

12. General information

A. Information regarding owner, partners, or officers. (Attach a separate sheet if necessary.)

Full name _____ Title _____
Home address _____ City, State, ZIP _____
Home phone number _____ SSN _____

Full name _____ Title _____
Home address _____ City, State, ZIP _____
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B. Payroll maintained by (accountant, bookkeeper, etc.)

Name _____

Address _____

City, State, ZIP _____

Phone # (_____) _____

13. Standard Industrial Classification (SIC) List the location and nature of business conducted in Florida. If you need more space, please attach separate page.

Enter city and county for each work site	Principal products or services (be specific)	Average # of employees
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does the above work site(s) provide support for any other units of the company? Yes No

If yes, please indicate whether these services are: Administrative Research Other (specify) _____

14. Did you acquire a business?

Yes No If you answered yes, you must complete a *Report to Determine Succession* (Form UCS-1S). Please call 1-800-352-3671 to request one.

Note: The *Report to Determine Succession* must be **postmarked within 90 days of the acquisition date to be considered timely.**

15. Enter the number of weeks you had workers in the current year _____

Enter the number of weeks you had workers in the preceding year _____

16. Your Florida gross payroll by calendar quarters (may estimate if not available)

	Quarter ending March 31	Quarter ending June 30	Quarter ending September 30	Quarter ending December 31
Current year	\$ _____	\$ _____	\$ _____	\$ _____
Prior year	\$ _____	\$ _____	\$ _____	\$ _____

BE SURE THAT ALL QUESTIONS ARE ANSWERED BEFORE SIGNING

Pursuant to section 443.171(7), Florida Statutes, the information given above is true and correct and is given for the purpose of determining liability under said law and the undersigned is authorized to execute this report on behalf of the employing unit named.

Legal name of employing unit _____

By (print name) _____

Signature _____

Date _____ Title _____

This registration report is due by the end of the month that follows the calendar quarter in which your business commenced operation.		
Return address:	Department of Revenue P.O. Box 6510 Tallahassee, FL 32314-6510	For assistance call: 1-800-482-8293



Instructions for Preparing Form UCS-1
Employer Registration Report

Note: You are required to report employment to the State of Florida Department of Revenue in the month following the quarter in which payroll begins. Do not submit the Employer Registration Report until payroll has actually begun in Florida.

Item:

1. Enter the Federal Employer Identification Number assigned by the Internal Revenue Service for reporting Social Security and Withholding Tax.
2. Enter the legal name of the business.
3. Enter the exact trade name(s) of the business. Enter the telephone number for contact regarding business activity.
4. Enter the address to which all communications from the Department should be mailed and include the zip code.
5. Enter the Florida location of the business. If it is same as the mailing address, enter "SAME". If domestic (household) employment, enter the location where services are performed.
6. Identify the legal entity type of the business. If a corporation, identify the state or country in which the business was incorporated. If the type of organization is other than those shown, please explain on a separate sheet of paper.
7. Place a check mark next to the employer type. If a nonprofit organization, a copy of the 501(c)(3) exemption letter from the Internal Revenue Service must be attached.

Domestic employment includes services such as maids, valets, baby sitters, janitors, cooks, housekeepers, caretakers, and others. A nonlicensed caregiver to an individual in a private capacity is domestic employment.

Corporations cannot be considered domestic employers.

Agricultural employment includes any service performed on a farm in the employ of the owner, tenant, or any other operator of a farm in connection with production or harvesting of any agricultural or horticultural commodity or in connection with the maintenance or operation of farm equipment or grounds. The planting and harvesting of pine trees are not considered agricultural employment.

8. If you had one or more employees for some portion of a day in 20 different weeks during the current calendar year or the previous year in any state or states, you are probably liable to pay taxes under the Federal Unemployment Compensation Tax Act (FUTA 940) and would automatically be liable under the Florida Unemployment Compensation Law for any employment in this state effective the first day you employed someone in Florida.

9. Enter the date you first employed any person in Florida. If you previously reported to Florida, please use the date your business resumed. Enter any previous account numbers used on the line provided in the upper right corner on the Employer Registration Report.
10. A self-employed worker is not subject to the will and control of the employer. The employer does not control or direct the manner or method of job performance. Determinations on this type of worker are made on a case-by-case basis.
11. Check "YES" if you wish to voluntarily elect to cover your employees and you feel that you are not otherwise subject to the law.
12. A. Provide full name, title, home address, home telephone number, and social security number for each appropriate individual. Do not use business addresses or telephone numbers.

B. Give name, address, and telephone number of accountant, bookkeeper, or tax service.
13. List each establishment or place of business in Florida by location worksite, and give the description of the type of service performed, products made, products sold, etc. If there is no business location in Florida, list the city in Florida in which employees reside or where work is taking place. Include nature of firm's business as well as nature of business conducted in Florida, if different. A separate line should also be used to list more than one location of the same type of business. Use a separate sheet of paper, if needed. Indicate whether the worksite(s) provide support for any other units of the company.
14. If you acquired all or any portion of the organization, assets, or trade of an existing business, complete this item. Includes changes in type of ownership such as sole proprietor to corporation, corporation to sole proprietor, sole proprietor to partnership, a change in partners, etc.
15. Employment of one or more individuals for any portion of a day during a given week constitutes one week of employment. Include corporate activity.
16. Quarterly gross payroll must include all remuneration for employment including commissions, bonuses, back pay awards, and the cash value of all remuneration paid in any medium other than cash.

Mail your completed registration form to:

**UNEMPLOYMENT TAX REGISTRATION
FLORIDA DEPARTMENT OF REVENUE
PO BOX 6510
TALLAHASSEE FL 32314-6510**

For more information, call:

800-482-8293

Internet Address: <http://sun6.dms.state.fl.us/dor/>