

**REPORT TO DETERMINE STATUS** (APPLICATION FOR EMPLOYER NUMBER)

State Form 2837 (R5 / 7-05)

INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT
10 N SENATE AVE RM SE106 INDIANAPOLIS IN 46204-2277
Local: 317-232-7436 Toll Free: 1-800-891-6499 Fax: 317-233-2706

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- Original Report
-
-
- Transfer
-
-
- Amended
-
-
- Pre assigned

● IF YOU HAVE ACQUIRED ALL OR A PART OF AN EXISTING INDIANA BUSINESS, PLEASE COMPLETE ALL INFORMATION REQUESTED IN SECTION A ON THE REVERSE SIDE.

IMPORTANT: Any Employing Unit which fails to submit any report within 10 days after such request is sent, shall be assessed a penalty of not less than \$25.00 (reference Indiana Code 22-4-19-10). If you are an employer of AGRICULTURAL or DOMESTIC (household) help, do not complete this form.

PLEASE TYPE OR PRINT IN INK.

1. Federal ID Number: _____		Indiana County	UC-1 Sent		NTR'S	Suprv
2. Legal Name of Employing Unit			Date Comp		Merit Rate	
3. Trade Name (or d/b/a)			Disposer No.		Year % Rate	
4. Mailing Address			Physical Address			
City		State	City		State	
ZIP Code (+4 + 2 + 1)			ZIP Code (+4 + 2 + 1)			
Business Telephone Number		Business Fax Number	Remarks			
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5. Type of organization (check one)	6. (a) Formation date of Corporation or Partnership:	(b) State of incorporation:	7. Type of Business
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC CORPORATION <input type="checkbox"/> LLC PARTNERSHIP <input type="checkbox"/> SINGLE MEMBER LLC <input type="checkbox"/> SEC. OF STATE CONTROL # _____ <input type="checkbox"/> Other (Estate, Trust, Etc.) _____	_____ mm _____ dd _____ yy	_____ (2 letter abbreviation)	

8. Enter the required information for owner, partners or officers. Please attach additional sheet(s) if needed.			
Name (please print)	Title	Social Security Number	Telephone Number
		- -	() -
		- -	() -

The State of Indiana does NOT issue account numbers prior to being tax liable, an answer "Yes" to questions 9, 10, 11, 12, 13, 14, or 15 indicates liability.	DATE PAYROLL BEGAN IN INDIANA
	_____ mm _____ dd _____ yy

9. Has your business filed an **IRS** Form 940 under the Federal ID number listed above? No Yes If you are an Employer who has qualified under FUTA (Federal Unemployment Tax Act) in any State during the current or preceding calendar year, you are immediately liable upon having payroll in the State of Indiana IC 22-4-7-2(f).

10. Have you acquired all or a part of an existing Indiana business, Yes If Yes, please **skip** to "Section A" on the reverse side and complete that Section.

11. Has your business had a total Indiana payroll of **\$1,500.00** or more in any calendar quarter during the current or preceding calendar year? (**Including salaried officers**). No Yes (Quarter/Year) _____ / _____

12. Has your business had one or more employees any part of a day, in each of twenty (20) different weeks (**not necessarily consecutive**) during the current or preceding calendar year? No Yes (Date of the 20th week) ____ / ____ / ____

13. **501(c)(3)** - Did you employ 4 or more individuals, in any part of a day, in each of 20 different weeks of the current or preceding calendar year No Yes, If "yes" please submit a copy of IRS exemption letter. If you are an Out of State 501(c)(3), you must meet qualifications aforementioned, to be liable in the State of Indiana.

14. **DOMESTIC** - (HOUSEHOLD NATURE) Have you paid, \$1,000.00 or more, cash wages in a calendar quarter to employees No Yes Payroll Began ____ / ____ / ____

15. **AGRICULTURAL** - 10 Workers in some part of a day in 20 different weeks during a calendar year No Yes Quarter/Year Date of the 20th week ____ / ____ / ____ **OR** gross payroll in the amount of \$20,000.00 in a calendar quarter _____ / _____

I hereby certify that all information contained herein is true, correct and complete to the best of my knowledge and belief.	EMPLOYER'S SIGNATURE _____	PREPARED BY _____
	DATE _____ Phone No. () - _____	DATE _____ Phone No. () - _____

