

EMPLOYER STATUS REPORT

Complete And Return This Form Within 10 days To:
 Division of Unemployment Assistance
 Status Department - 5th Floor
 19 Staniford Street
 Boston, MA 02114-2589

PLEASE TYPE OR PRINT CLEARLY IN INK.

CALL (617) 626-5075 FOR ASSISTANCE.

Fax: (617) 727-8221

**THIS FORM IS FOR USE
 BY NEW AND EXISTING EMPLOYERS**

FOR DIVISION USE ONLY

Emp. No.: _____ Subj. Date: _____
 Reason: _____ Qtr.: _____ 13th Wk.: _____
 No. Employees: _____ Area: _____
 Rate Yr: _____ NAICS: _____ Aux: _____
 Org.: _____ %Transfer _____

Deter. By: _____	Workforce Training Yr./Rate		Contribution Yr./Rate	
Pred. No.: _____	1.		1.	
Pred. Date: _____	2.		2.	
Pred. Cd.: _____	3.		3.	
ESR Status: _____	4.		4.	
Leasing Code: _____	5.		5.	
Employer Type: _____				

SECTION I ALL FIELDS REQUIRED



- Name of employing unit: _____ 2. Trade name: _____
- List **ALL** business locations in Massachusetts. If more than one, attach a separate sheet.

No.	Street (do not use P.O. box number)	City	State	Zip Code
- Mailing address: _____ 5. Payroll Records Address: _____
- Business phone: _____ 7. Federal Identification #: _____
- Owner, partners or officers:

Name (Required)	S.S.A. No. (Required)	Home address	Title	Are officers compensated for their services?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
- Type of organization: Sole Proprietor Partnership Corporation Other (specify) _____
 Trust LLC (single member) LLC (corp.) LLC (partnership)
 If corporation: date incorporated _____ state incorporated _____
- First date of employment in Massachusetts: _____ 11. Describe nature of your company's business/industry: _____
- Name your principle commodity, product or service _____
- Are you a client of an employee leasing company? Yes No
 Please attach a copy of your contract. If Yes Name and Address of Leasing Company. _____
- Are you liable for federal unemployment tax? Yes No First date of liability: _____
- If your main activity in Massachusetts is to provide support services to other locations of your company, please check appropriate box:
 Headquarters Research Warehouse Computer Center Other (specify) _____
- Do you hold an exemption from federal income taxes as a non-profit organization described under section 501 (c)(3) of the Internal Revenue Code? Yes No If Yes, please attach a copy of your exemption with this report.
- Have you previously been subject to the Massachusetts Unemployment Insurance Law? Yes No
 If yes, give DJA Account Number _____ Name _____

SECTION II PLEASE REFER TO INSTRUCTIONS TO COMPLETE THIS FORM

You must answer "yes" if any of the following apply: You acquired **All** or **Part** of another business or organization operating in MA; you were part of a merger with (or consolidation of) a business operating in MA; you changed your Federal Identification Number; you have had a relationship with or are a "spin-off" of a company registered with MA DUA; you changed organizational structure. This includes any changes from one business type to another (examples include—but not limited to—changes from a sole proprietorship to corporation, LLC, LLP, etc., or from a corporation to a sole proprietor, partnership, LLP Trust, etc).

- 1. Have you undergone any type of organizational change? Yes No If no proceed to Section III
- 2. What was the nature of the organizational change in Massachusetts?
 Acquisition Merger Consolidation Transfer of Employees only
 Other (please explain) _____
- 3. What is the date of the business transfer or organizational change? (mm/dd/yy)  _____
- 4. Predecessor DUA account number: _____ 5. Predecessor FEIN _____
- 6. Name of predecessor: _____
- 7. Did you acquire the assets of the predecessor's business? Yes No
- 8. Did you acquire all or part of the predecessor's business? All Part
 If part, please explain: _____
- 9. Please check major assets acquired:
 Place of business Workforce License
 Customers Goodwill Franchise rights
 Trade name Stock Other
 Accounts receivable Tools, fixtures, equipment, furniture
- 10. Did you continue the operation of business that you acquired? Yes No
- 11. Brief summary of business reason(s) for this acquisition _____
- 12. Will the predecessor remain in business in Massachusetts?
 Yes If yes, list the present Massachusetts location of the predecessor. _____
 If yes, state the number of employees to remain with predecessor in Massachusetts after the date of succession. _____
 No If no, please give the date of the predecessor's final payroll. (mm/dd/yy)  _____
- 13. Has the predecessor employer filed all quarterly reports and paid all contributions, interest, and penalties due to this Agency?
 Yes No Unknown

SECTION III PLEASE SELECT WHICH EMPLOYMENT TYPE LISTED BELOW BEST DESCRIBES YOUR BUSINESS

- 1. **DOMESTIC EMPLOYERS** (Services performed in the home such as: gardener, personal care attendant, baby sitter, housekeeper, etc.)
 Did you pay \$1,000 or more in cash remuneration in any calendar quarter during the current or preceding calendar year for domestic services? Yes No
- 2. **AGRICULTURAL EMPLOYERS** (Services performed on a farm including stock, dairy, poultry, fruit, fur bearing animals, and truck farms, plantations, ranches, nurseries, ranges, orchards, greenhouses, and other similar structures that are used primarily for raising of agricultural and horticultural commodities.)
 Did you pay \$20,000 or more in cash remuneration for agricultural services during any calendar quarter of the current or preceding calendar year? Yes No
 Did you employ 10 or more individuals on some day in each of 20 calendar weeks, not necessarily consecutive, in either the current or preceding calendar year? Yes No
 If you do not meet the agricultural requirements but have a farm-based retail operation that includes the sale of items other than those produced on your farm, you are not an agricultural employer. Please proceed to question #3 (all other employers).

3. ALL OTHER MASSACHUSETTS EMPLOYERS

Did you pay wages of \$1,500 or more in any calendar quarter in either the current or preceding calendar year? Yes No

Did you employ one or more individuals on some day in each of 13 weeks, not necessarily consecutive, in either the current or preceding calendar quarter? Yes No

4. OUT-OF-STATE EMPLOYERS

Did you have a MASSACHUSETTS payroll in excess of \$200? Yes No

5. PLEASE DO NOT SUBMIT UNTIL YOU ARE ABLE TO DOCUMENT ACTUAL GROSS WAGES PAID PER THE ABOVE REPORTING CRITERIA

List below the number of individuals in your employment in Massachusetts within each calendar week. Include full and part-time employees, also paid officers, if corporation. An individual sole proprietor or a partner should not be counted as an employee. Show total Massachusetts payroll for each calendar quarter.

This application cannot be processed with estimated or anticipated future wages. If this application is not completed in full it will be returned to you for the required information (i.e.: number of employees, dates of employment, gross wages).

RECORD OF MASSACHUSETTS EMPLOYMENT

		CURRENT CALENDAR YEAR				PRECEDING CALENDAR YEAR				PRECEDING CALENDAR YEAR							
Enter Year _____		Total Wages				Total Wages				Total Wages							
1st QTR _____		2nd QTR _____		1st QTR _____		2nd QTR _____		1st QTR _____		2nd QTR _____							
JANUARY		APRIL		JANUARY		APRIL		JANUARY		APRIL							
Week Ending																	
Number Employed																	
		FEBRUARY		MAY		FEBRUARY		MAY		FEBRUARY		MAY					
Week Ending																	
Number Employed																	
		MARCH		JUNE		MARCH		JUNE		MARCH		JUNE					
Week Ending																	
Number Employed																	
Total Wages		3rd QTR _____		4th QTR _____		Total Wages		3rd QTR _____		4th QTR _____		Total Wages		3rd QTR _____		4th QTR _____	
		JULY		OCTOBER				JULY		OCTOBER				JULY		OCTOBER	
Week Ending																	
Number Employed																	
		AUGUST		NOVEMBER		AUGUST		NOVEMBER		AUGUST		NOVEMBER					
Week Ending																	
Number Employed																	
		SEPTEMBER		DECEMBER		SEPTEMBER		DECEMBER		SEPTEMBER		DECEMBER					
Week Ending																	
Number Employed																	

CERTIFICATION

If you answered yes to Question 1 in Section II and if this organizational change involves companies with any commonality in ownership, management and/or control, you must proceed to Section IV. If not, please complete the certification below.

Massachusetts law provides for civil fines and criminal penalties for misrepresentation, evasion, willful nondisclosure, and failure or refusal to furnish reports or requested information to this agency. Both the employer of record or the agent, who knowingly advises in such a way that results in a violation of these provisions, shall be subject to said penalties. (MGL Ch 151A, Section 14N). Failure to comply with all reporting and payment requirements under MGL Chapter 151A may result in loss of your organization's right to operate or renew your license by the Commonwealth of Massachusetts.

THIS REPORT MUST BE SIGNED BY THE OWNER, PARTNER, OR CORPORATE OFFICER

CERTIFICATION

I certify, under penalties of law, that all statements made hereon are true to the best of my knowledge and belief.

Name of Employing unit: _____ Date: _____

Signature: _____ Title: _____

Name: (Print) _____

PREDECESSOR CERTIFICATION

I hereby certify that all information submitted by the successor is true in accordance with the transfer.

Name of Predecessor Company: _____ Date  _____

Signature: _____ Title _____

Name: (Print) _____

SECTION IV PART A COMMON OWNERSHIP

To be completed by the TRANSFEREE employer initiating the change. Please note that by signing this document the transferring employer must attest to these answers.

(Transferee employer- one to whom a conveyance of title or property is made; a person/entity to whom something is transferred or conveyed. Example, Company B acquires part or all of the business of Company A. In this example Company B is the transferee employer and Company A is the transferring employer or transferor).

Is the transferee employer the Parent Company or a subsidiary of the transferring employer? Yes No

If yes, please list the name of the Parent Company and FEIN#

Name: _____ FEIN: _____

If yes, are the transferee employer and the transferring employer subsidiaries of the same Parent Company? Yes No

If yes, please list the name of the Parent Company and FEIN#

Name: _____ FEIN: _____

PLEASE CHECK OFF WHICH ORGANIZATIONAL TYPE BEST DESCRIBES YOUR BUSINESS AND ANSWER THE QUESTIONS LISTED FOLLOWING THAT ORGANIZATION TYPE:

1. ORGANIZATIONAL TYPE

CORPORATION
(includes Limited Liability Companies (LLC) organized as a corporation)

Is there a person, corporation or other legal entity that serves in the capacity of Chief Financial Officer (CFO), Chief Executive Officer (CEO) or other similar authority for the transferring employer who also serves as the CFO or CEO or other person holding similar authority for the transferee employer?

Yes No *If yes, list the name/entity, SS#/FEIN and title below*

Name _____ SS# _____ Title _____

If Entity acts as CFO/CEO:

Company Name: _____ FEIN# _____

Does either the transferee or the transferring employer exercise power indirectly or directly through one or more persons of over 25% or more of any voting securities of BOTH the transferring employer and the transferee?

Yes No *If yes, list the name/entity, FEIN and the percentage of ownership*

Name/Entity _____ % of ownership _____ SS# _____ FEIN# _____

Does the CFO, CEO or other person holding similar authority for the transferring employer have a familial relationship with the CFO, CEO or other person holding a position of similar authority for the transferee employer?

Yes No *If yes, please list name, SS#, (title and relationship)*

Name _____ SS# _____ Title _____ Relationship _____

Name _____ SS# _____ Title _____ Relationship _____

2. SOLE PROPRIETOR
(includes LLCs organized as a single member)

Does the transferee employer's sole proprietor/owner have a familial relationship to the transferring employer's sole proprietor/owner?

(Family member is defined but not limited to spouse, child, parent, sister, brother, sister-in-law, brother-in-law, aunt, uncle, niece, nephew, and first cousin.)

Yes No *If yes, please list name, SS# and relationship*

Name _____ SS# _____ Relationship _____

Name _____ SS# _____ Relationship _____

3. PARTNERSHIPS, JOINT VENTURES

(includes LLP, LLC organized as a partnership)

Is there a person, corporation or other legal entity that serves in the capacity of a managing partner in both the transferring employer and the transferee employer?

Yes No *If yes, please list name/entity, SS# /FEIN# and title*

Name _____ SS# _____ Title _____

If Entity acts as Managing Partner:

Company Name: _____ FEIN# _____

Does a partner for the transferring employer have a familial relationship to any partner, member or other person holding a position of authority for the transferee employer?

Yes No *If yes please list name, SS#, title and relationship*

Name _____ SS# _____ Title _____

Relationship _____

4. TRUST

Does one person, corporation or other legal entity serve as a trustee of the transferring trust, either directly or through an intermediary, and also serve as a trustee in the transferee trust, or as a beneficiary of the trust?

Yes No

Name _____ SS# _____ Title _____


If Entity serves as trustee:

Company Name: _____ FEIN# _____

If you answered yes to any of the above questions, please complete Section IV Part B

SECTION IV PART B COMMON OWNERSHIP

Complete the following:

1. The business address of your corporate HQ: _____
2. Name of business transferred: _____
3. Transferor's DUA account number: _____
4. Transferor's business location: _____
5. Date of transfer: _____ 
6. Number of workers employed by transferor in Massachusetts just before the sale _____
after the sale _____
7. Number of workers employed by you, the transferee, in Massachusetts just before the sale _____
after the sale _____
8. How many of the transferor workers have you continued to employ? _____
have you NOT continued to employ? _____

You must complete Section IV Part C if you took over part of another business operating in Massachusetts

SECTION IV PART C PART SUCCESSIONS

9. Is the transferor still doing business in MA? Yes No Unknown

If yes what business activities are continued? _____

(Note: Transferee may become liable for some or all of any DUA delinquency of the transferor)

This application must be accompanied by a schedule showing the name and social security number of each individual associated with that portion of the business being transferred, regardless of whether or not they are actually transferred to the transferee employer.

PLEASE SUMMARIZE ALL WAGE INFORMATION IN CHARTS A AND B ON THIS FORM. DO NOT JUST ATTACH PREVIOUSLY FILED FORMS 1. IN ADDITION, PLEASE COMPLETE EVERY APPLICABLE ITEM ON THIS FORM. FAILURE TO DO SO COMPLETELY, ACCURATELY, AND IN A TIMELY MANNER MAY RESULT IN PENALTIES FOR FAILURE TO COMPLY WITH THE LAW, AS PROVIDED FOR UNDER MGL, CH 151A, SECTION 14N.

Please provide, in Chart A, the transferring employer's entire payroll for the last 4 completed quarters prior to the transfer date. In Chart B, provide the transferring employer's payroll for that portion acquired for the last 4 completed quarters prior to the transfer date. Please provide dates of quarters (mo, day, yr) to which you are referring in the charts below.

EXAMPLE

Date transfer took place: 04/01/06

Chart A

PLEASE PROVIDE **TOTAL** WAGES FOR ALL EMPLOYEES OF THE TRANSFERRING EMPLOYER FOR THE LAST 4 COMPLETED QUARTERS PRIOR TO THE TRANSFER DATE.

PLEASE START WITH THE MOST RECENT QUARTER AND WORK BACK IN TIME.

Quarter dates	(1/01/06-3/31/06)	(10/01/05-12/31/05)	(7/01/05-9/30/05)	(4/01/05 -6/30/05)	12 Month Summary
Total Wages	\$ 60,000	\$ 75,500	\$ 67,500	\$ 67,500	\$ 270,500
Excess Wages (wages over \$14,000 wage base per employee)	\$ 0.00	\$ 67,500	\$ 61,000	\$ 8,000	\$ 136,500
Taxable Wages	\$ 60,000	\$ 7,500	\$ 6,500	\$ 59,500	\$ 133,500
Number of employees	8, 8, 8	10, 10, 10	9, 9, 9	9, 9, 9	

who worked during or received pay for the payroll period which includes the **12th** day of the month.

Chart B

PLEASE PROVIDE WAGE DETAIL FOR **THAT PORTION ACQUIRED** OF THE TRANSFERRING EMPLOYER'S PAYROLL FOR THE LAST 4 COMPLETED QUARTERS PRIOR TO THE TRANSFER DATE.

PLEASE START WITH THE MOST RECENT QUARTER AND WORK BACK IN TIME.

Quarter dates	(1/01/06-3/31/06)	(10/01/05-12/31/05)	(7/01/05-9/30/05)	(4/01/05 -6/30/05)	12 Month Summary
Total Wages	\$ 37,500	\$ 30,000	\$ 37,500	\$ 37,500	\$ 142,500
Excess Wages (wages over \$14,000 wage base per employee)	\$ 0.00	\$ 30,000	\$ 37,500	\$ 5,000	\$ 72,500
Taxable Wages	\$ 37,500	\$ 0.00	\$ 0.00	\$ 32,500	\$ 70,000
Number of employees	4, 4, 4	5, 5, 5	5, 5, 5	6, 6, 6	


who worked during or received pay for the payroll period which includes the **12th** day of the month..

Chart A

Date transfer took place: _____ 

PLEASE PROVIDE **TOTAL** WAGES FOR ALL EMPLOYEES OF THE TRANSFERRING EMPLOYER FOR THE LAST 4 COMPLETED QUARTERS PRIOR TO THE TRANSFER DATE.

PLEASE START WITH THE MOST RECENT QUARTER AND WORK BACK IN TIME.


Quarter dates	 (/ / - / /)	(/ / - / /)	(/ / - / /)	(/ / - / /)	12 Month Summary
Total Wages	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Excess Wages (wages over \$14,000 wage base per employee)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Taxable Wages	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Number of employees	_____, _____	_____, _____	_____, _____	_____, _____	

who worked during or received pay for the payroll period which includes the **12th** day of the month.

Chart B

PLEASE PROVIDE WAGE DETAIL FOR **THAT PORTION ACQUIRED** OF THE TRANSFERRING EMPLOYER'S PAYROLL FOR THE LAST 4 COMPLETED QUARTERS PRIOR TO THE TRANSFER DATE.

PLEASE START WITH THE MOST RECENT QUARTER AND WORK BACK IN TIME.

Quarter dates	 (/ / - / /)	(/ / - / /)	(/ / - / /)	(/ / - / /)	12 Month Summary
Total Wages	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Excess Wages (wages over \$14,000 wage base per employee)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Taxable Wages	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Number of employees	_____, _____	_____, _____	_____, _____	_____, _____	

who worked during or received pay for the payroll period which includes the **12th** day of the month.

CERTIFICATION

Massachusetts law provides for civil fines and criminal penalties for misrepresentation, evasion, willful nondisclosure, and failure or refusal to furnish reports or requested information to this agency. Both the employer of record or the agent, who knowingly advises in such a way that results in a violation of these provisions, shall be subject to said penalties. (MGL Ch 151A, Section 14N). Failure to comply with all reporting and payment requirements under MGL Chapter 151A may result in loss of your organization's right to operate or renew your license by the Commonwealth of Massachusetts.

THIS REPORT MUST BE SIGNED BY THE OWNER, PARTNER, OR CORPORATE OFFICER AUTHORIZED TO BIND THE CORPORATION.

SUCCESSOR CERTIFICATION

I certify, under penalties of law, that all statements made here on are true to the best of my knowledge and belief.

Name of Employing unit: _____ Date:  _____

Signature: _____ Title: _____

Name (Print): _____

PREDECESSOR CERTIFICATION

I hereby certify that all information submitted by the successor is true in accordance with the transfer.

Name of Predecessor Company: _____ Date  _____

Signature: _____ Title _____

Name: (Print) _____