

**NH Employment Security  
32 South Main St  
Concord NH 03301-4857**

INSTRUCTIONS FOR PREPARATION OF EMPLOYER STATUS REPORT (DES 100A)

Any employing unit engaged in two or more separate enterprises must include information on each enterprise in this report. An individual having an interest in two separate organizations, such as a partnership in a restaurant plus an incorporated construction company, must file separate reports for each organization.

ITEM

5. Under principal activity, enter type of business in which engaged, such as manufacturing, wholesale or retail trade, mining, construction, real estate, insurance, finance, transportation, communications, personal services, business or professional services, etc.

Under principal products, processes or services, describe exact nature of business. If construction, enter type of construction; for example, house building, road bridge, etc. If manufacturing, state principal products; for example, "men's and boy's knit underwear," instead of "underwear." If wholesale or retail trade, state type of establishment operated; for example, manufacturer's sales branch, assembler of form products, petroleum bulk tank station, commission merchant, grocery store, hardware store, automobile sales agency, filling station, restaurant, etc. Specify principal commodities sold. If engaged in other activity, specify exact type, such as taxicab, security broker, insurance agent, real estate agent, barber shop, advertising agency, etc. Be specific in description.

11. This item refers to reports filed under provisions of the Federal Unemployment Tax Act (FUTA) which requires certain employers to file with the Internal Revenue Service an Annual Federal Return of Employment (Form 940). For any year a Form 940 was required, a New Hampshire employing unit is subject to the NH Unemployment Compensation Law. Do not confuse FUTA with FICA Social Security Law.
- 14 - 16. Proprietors, partners and members of Limited Liability Companies which qualify for pass-through federal taxation are not subject employees and should not be included..

Service performed by an individual in the employ of such individual's son, daughter, or spouse, and service performed by a child under the age of 21 in the employ of the child's father or mother is exempt. (This exemption does not apply to corporations) effective 1/1/97.

The remaining items are considered to be self-explanatory.

If you need more information, call the Status Unit of this Department, in Concord, at 603-228-4038.

## GENERAL INFORMATION

Regardless of the date on which it becomes an employer, and regardless of the number of individuals in its employ, contributions are due on all employment furnished from January 1 of the calendar year in which any employing unit meets the conditions listed below. RSA 282:A-8

Employing units include proprietorships, partnerships, corporations, limited liability companies, associations, estates, trustees, receivers and other legal entities.

An employing unit becomes an “employer” when it meets certain specified conditions set forth in the Law. In general, an “employer” becomes covered by any of the following means:

Having one or more persons working for some part of a day in 20 different weeks, not necessarily consecutive, in a calendar year;

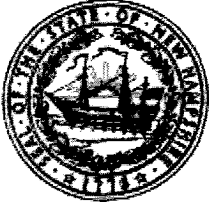
Having paid wages of \$1,500 in any quarter of a calendar year;

Being liable under the Federal Unemployment Tax Act and providing employment as defined in New Hampshire Law;

Successorship (acquiring the business of an employer already covered).

Having paid cash wages of \$1,000 or more in a calendar quarter to a worker who performs domestic service.

Having paid wages of \$20,000 or more for agricultural labor in a calendar quarter or have more than 10 employees in 20 different weeks during the calendar year.



# Employment SECURITY

32 SOUTH MAIN STREET  
CONCORD NEW HAMPSHIRE 03301-4867

PHONE (603) 224-3311

## EMPLOYER STATUS REPORT

DO NOT WRITE IN THIS SPACE

Subject Date \_\_\_\_\_

Retroactive \_\_\_\_\_

Successor \_\_\_\_\_

Acquisition \_\_\_\_\_

Not Subject \_\_\_\_\_

No of Employees \_\_\_\_\_

TO ESTABLISH ITS STATUS UNDER THE PROVISIONS OF THE NEW HAMPSHIRE UNEMPLOYMENT COMPENSATION LAW, EACH EMPLOYING UNIT IS REQUIRED BY THE LAW TO FILE WITH THIS DEPARTMENT AN EMPLOYER STATUS REPORT (RSA 282-A). PLEASE READ CAREFULLY THE INSTRUCTIONS ATTACHED. USE TYPEWRITTER OR PRINT IN INK

1. Business or trade name  
**Tel #**  
**Fax #**

2. Federal Identification Number  
- - - - -

3. Address of principal place of business in New Hampshire, if none, indicate other state.

Number and street ( Do not use post office box) (Town or City) (State) (Zip Code)

4. If correspondence, reporting forms, etc., are to be mailed to other than the principal place of business, enter mailing address.

Number and street or P.O. Box (Town or City) (State) (Zip Code)

5. Enter for each establishment or operation maintained by you in New Hampshire:

Principal Activity	Principal Products, Processes or Services	Location of Each Unit

6. Check type of Business  Sole proprietorship  Partnership  Corporation  Limited Liability Co.  
 Other (indicate what type)

7. If a corporation, enter full corporate name : Date of incorporation: State of incorporation:  
Name and address of New Hampshire resident agent:

8. Is your business a nonprofit organization described in Section 501 (c) (3) and exempt under 501 (A) of the Internal Revenue Code?  
 Yes  No If Yes, attach a copy of your letter of exemption .

9. Enter Date on which employment was first furnished in New Hampshire: \_\_\_\_/\_\_\_\_/\_\_\_\_

10. Ceased to furnish employment in New Hampshire on: Reason :  
/ /

11. Are or will you be subject to the Federal Unemployment Tax Act in the current year?  Yes  No

12. Has employment been furnished in New Hampshire in preceding years during which you were subject to the Federal Unemployment Tax Act ?  
If Yes, list years: \_\_\_\_\_  Yes  No

13. If you acquired the organization, trade, business or any of the New Hampshire assets of any other employing unit or employer, complete the following :  
Name & Address of Prior Owner  
Date Acquired: \_\_\_\_/\_\_\_\_/\_\_\_\_ % of Assets Acquired

Were there any business assets which were not acquired ?  Yes  No  
List any business assets not acquired \_\_\_\_\_

Will the prior owner remain in business in NH ?  Yes  No If yes, please explain \_\_\_\_\_

**REGULAR BUSINESS EMPLOYMENT SECTION**

14. Enter the gross payroll of your business for the current and two prior calendar years :

(New Hampshire payroll only)

Calendar Year _____	1st. Qtr. \$	2nd. Qtr. \$	3rd. Qtr. \$	4th. Qtr. \$
Calendar Year _____	1st. Qtr. \$	2nd. Qtr. \$	3rd. Qtr. \$	4th. Qtr. \$
Calendar Year _____	1st. Qtr. \$	2nd. Qtr. \$	3rd. Qtr. \$	4th. Qtr. \$

15. Do you expect to have a gross payroll of at least \$1,500 in the current quarter?  Yes  No

16. Enter by week the number of workers to whom you furnished employment in New Hampshire. Show current calendar year employment first, followed by employment in all preceding calendar years. Note: A week is seven consecutive calendar days beginning at 12:01 a.m. Sunday and ending at 12.00 midnight on the next succeeding Saturday. (Emp. 101.01)

CALENDAR YEAR						CALENDAR YEAR						CALENDAR YEAR					
	1st	2nd	3rd	4th	5th		1st	2nd	3rd	4th	5th		1st	2nd	3rd	4th	5th
JAN						JAN						JAN					
FEB						FEB						FEB					
MAR						MAR						MAR					
APR						APR						APR					
MAY						MAY						MAY					
JUN						JUN						JUN					
JUL						JUL						JUL					
AUG						AUG						AUG					
SEP						SEP						SEP					
OCT						OCT						OCT					
NOV						NOV						NOV					
DEC						DEC						DEC					

17. In addition to the employment shown under item 16, did you engage any "self employed individuals," "sub-contractors," "consultants," etc.?  
If answer is Yes, furnish name, trade and address ( If necessary, use block 21 and / or a separate sheet.)  Yes  No

**DOMESTIC -HOUSEHOLD EMPLOYMENT SECTION**

18. Have you had or do you expect to have a \$1,000 quarterly payroll for domestic services?  Yes  No

If Yes, give earliest quarter and year this occurred (will occur). Quarter Year

19. If this report is prepared by other than a sole proprietor, this item must be completed.

I (we) declare under the pains and penalties of perjury that I (we ) prepared this report for the employing unit named herein and that this report, including any accompanying schedules and statements, is to the best of my (our) knowledge and belief, a true, correct, and complete report based on all the information relating to the matters required to be reported in this report of which I (we) have any knowledge

(Name) (Firm Name) (Date)

(Signature) (Address) (Telephone #)

20. THIS REPORT MUST BE SIGNED BY OWNER, ALL PARTNERS, AUTHORIZED CORPORATION OFFICERS.

It is hereby certified that the information in this report, including any attached sheet, is true and correct to the best of my (out) knowledge and belief and is signed under the pains and penalties of perjury.

Date Signed:

NAME (Type or Print)	SOCIAL SECURITY NO.	RESIDENT ADDRESS	TITLE	SIGNATURE
		_____		
		_____		
		_____		

21. Remarks