



32 South Main Street Concord, New Hampshire 03301-4857 Phone (603) 228-4142 Fax (603) 225-4323 www.nhes.nh.gov

(Do not write in this space)	Account #
	Subject
	Retroactive
	Successor
	Acquisition
	Not Subject
	AUX
	NAICS

EMPLOYER STATUS REPORTPLEASE READ INSTRUCTIONS THEN COMPLETE ALL ITEMS (TYPE OR PRINT LEGIBLY)

					2. Fe	deral 1	Identific	ation	Numh	er				
					2. Federal Identification Number									
В	USINESS NAME OR TRADE NAME		Ш	` L	<u> </u>									
		3.	Descr	ibe in d	letail	your	princi	pal ac	tivi					
A	ddress of principal place of business in NH, if If more than one locat													
CI	ПТҮ		3a. Describe in detail your principal produ processes, or services.											
Pŀ	HONE NUMBER													
E-	MAIL		4. Check (x) type of business											
м	AILING ADDRESS IF DIFFERENT FROM A		Sole Proprietorship Partnership Corporation											
	AILING ADDRESS IF DIFFERENT FROM													
S	TREET ADDRESS OR POST OFFICE BOX													
CI	ПТҮ	ZIP CODE		LLC (Single member)										
	HONE NUMBER	FAX NUM				Щ	LLC (Partnership)							
FI	TONE NOMBER	FAX NOM	DLK				LLC (C	orpora	ation)					
							Other_							
If a corporation or LLC, enter the following: Date of Registration// State of Registration Full corporate or LLC name:														
Is	your business a nonprofit organization	on described in Se	ection 501(c)(3)	and exempt	unde	501(a	a) of the	Inter	rnal R	evenu	e Code	?دِ		
	Yes No If Yes, at	tach a copy of yo	our letter of exe	mption.										
Enter date on which employment was first furnished in New Hampshire// Enter date wages were first paid in New Hampshire//														
С	eased to furnish employment in NH	on/	 / Reason									_		
Are or will you be subject to the Federal Unemployment Tax Act in the current year? Yes No														
Н	as employment been furnished in NH	in preceding year	rs during which y	ou were sub	ject t	o the F	ederal	Jnem	ploym	ent Ta	ıx Law	?		
	No Yes, list years:													
	id you acquire the organization, tra r employer?	de, business, wo	orkforce, or any	of the New	Ham	pshire	assets	of ar	y oth	ier en	nployir	ıg ı		
	Yes If Yes, date of acquisition:	/ / . % of a	assets acquired	, then	comp	ete qu	estions	11a thr	ա 11d					

11b. Check (x) the type of change:																				
Reorganization Purchase assets of business Management																				
	Transfer of trade or business Merger																			
	Change of entity (e.g. proprietorship to corporation) Lease of business																			
Transfer of workforce (employees) If checked, must complete Trade, Business, and Workforce Transfer Report.																				
11c.	If yes, list business assets not acquired:																			
11d. Will the prior owner remain in business in NH? Yes No If yes, please explain:																				
12.	12. Enter the gross payroll of your business for the current and two prior calendar years. (New Hampshire Payroll Only)																			
	Calendar Year 1st Quarter 2nd Quarter													Quarter		4th Quarter				
				\$				\$				\$				\$				
				\$ \$				\$				\$				\$				
<u> </u>																				
13.	Yes Enter the earliest quarter and year this occurred (or will occur) No If No, have you or do you expect to employ at least one worker in 20 different weeks in a calendar year? If so, when did this occur (or will occur)?																			
f	14. 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 am Sunday and ending at 12:00 midnight on the next succeeding Saturday. (Emp 101.01)																			
CALE	NDAR YE	EAR:				1	CALE	NDAR Y	EAR:				1	CALE	NDAR Y	EAR:				
	1st	2nd	3rd	4th	5th	1		1st	2nd	3rd	4th	5th	1		1st	2nd	3rd	4th	5th	
JAN]	JAN						1	JAN						
FEB	-			—		1	FEB			<u> </u>			4	FEB		<u> </u>	<u> </u>	+	 	
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JUN]	JUN]	JUN						
JUL			<u> </u>	—		1	JUL			<u> </u>			4	JUL		<u> </u>	<u> </u>	+	 	
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OCT			1	†		1	OCT			<u> </u>			1	OCT		1		+	+-1	
NOV		ļ	\square]	NOV]	NOV				$oxed{oxed}$		
DEC	<u> </u>]	DEC	<u> </u>						DEC	<u> </u>					
15.		addition No		mploym s, furnis						-							rs", con	sultants'	", etc?	
						Do	mesti	c-Hou	sehold	Empl	oymer	t Sect	ion							
16. Have you had or do you expect to have a \$1,000 quarterly payroll for domestic service? Yes If Yes, give the earliest quarter and year this occurred (or will occur). Quarter Year																				
17. 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.																				
	NA	NAME FIRM NAME DATE																		
	SIC	SNATUF	₹E						ADDF	RESS						PHON	E			
18.																				
	Name (Type or Print) Social Security						rity #		Resid	lent Add	dress		Ti	tle		Signature				
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19.	Re	marks													<u> </u>					