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

### EMPLOYER STATUS REPORT

PLEASE READ INSTRUCTIONS THEN COMPLETE ALL ITEMS (TYPE OR PRINT LEGIBLY)

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).

<p>1. _____ BUSINESS NAME OR TRADE NAME</p> <p>_____ Address of principal place of business in NH, if none, indicate other state. (Do NOT use PO box) <b>If more than one location, attach a separate sheet and list all.</b></p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">_____ CITY</td> <td style="border: none;">_____ STATE</td> <td style="border: none;">_____ ZIP CODE</td> </tr> <tr> <td style="border: none;">_____ PHONE NUMBER</td> <td colspan="2" style="border: none;">_____ FAX NUMBER</td> </tr> </table> <p>_____ E-MAIL</p> <p>_____ MAILING ADDRESS IF DIFFERENT FROM ABOVE</p> <p>_____ STREET ADDRESS OR POST OFFICE BOX</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">_____ CITY</td> <td style="border: none;">_____ STATE</td> <td style="border: none;">_____ ZIP CODE</td> </tr> <tr> <td style="border: none;">_____ PHONE NUMBER</td> <td colspan="2" style="border: none;">_____ FAX NUMBER</td> </tr> </table>	_____ CITY	_____ STATE	_____ ZIP CODE	_____ PHONE NUMBER	_____ FAX NUMBER		_____ CITY	_____ STATE	_____ ZIP CODE	_____ PHONE NUMBER	_____ FAX NUMBER		<p>2. Federal Identification Number  <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: none; text-align: center;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> </p> <p>3. Describe in detail your principal activity.</p> <p>3a. Describe in detail your principal products, processes, or services.</p> <p>4. Check (x) type of business</p> <p><input type="checkbox"/> Sole Proprietorship</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> LLC (Single member)</p> <p><input type="checkbox"/> LLC (Partnership)</p> <p><input type="checkbox"/> LLC (Corporation)</p> <p><input type="checkbox"/> Other _____</p>			-							
_____ CITY	_____ STATE	_____ ZIP CODE																					
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<p>5. If a corporation or LLC, enter the following: Date of Registration ____/____/____ State of Registration _____ Full corporate or LLC name: _____</p>																							
<p>6. Is your business a nonprofit organization described in Section 501(c)(3) and exempt under 501(a) of the Internal Revenue Code?  <input type="checkbox"/> Yes    <input type="checkbox"/> No    If Yes, attach a copy of your letter of exemption.</p>																							
<p>7. Enter date on which employment was first furnished in New Hampshire ____/____/____ Enter date wages were first paid in New Hampshire ____/____/____</p>																							
<p>8. Ceased to furnish employment in NH on ____/____/____ Reason: _____</p>																							
<p>9. Are or will you be subject to the Federal Unemployment Tax Act in the current year?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>																							
<p>10. Has employment been furnished in NH in preceding years during which you were subject to the Federal Unemployment Tax Law?  <input type="checkbox"/> No    <input type="checkbox"/> Yes, list years: _____</p>																							
<p>11. Did you acquire the organization, trade, business, workforce, or any of the New Hampshire assets of any other employing unit or employer?  <input type="checkbox"/> Yes If Yes, date of acquisition: ____/____/____, % of assets acquired _____, then complete questions 11a thru 11d.</p>																							
<p>11a. Please provide the name and address of prior owner.</p>																							

11b. Check (x) the type of change:

<input type="checkbox"/> Reorganization	<input type="checkbox"/> Purchase assets of business
<input type="checkbox"/> Transfer of trade or business	<input type="checkbox"/> Merger
<input type="checkbox"/> Change of entity (e.g. proprietorship to corporation)	<input type="checkbox"/> Lease of business
<input type="checkbox"/> Transfer of workforce (employees) If checked, must complete Trade, Business, and Workforce Transfer Report.	

11c. Were there any business assets not acquired?  Yes  No  
 If yes, list business assets not acquired: \_\_\_\_\_

11d. Will the prior owner remain in business in NH?  Yes  No  
 If yes, please explain: \_\_\_\_\_

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	3rd Quarter	4th Quarter
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

13. Do you expect to have a gross payroll of at least \$1,500 in a calendar quarter?  
 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)? \_\_\_\_\_

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)

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					

15. In addition to the employment shown under item 14, did you engage any "self employed individuals", "sub-contractors", consultants", etc?  
 No  Yes, furnish name, trade, and address below (use block 19 or a separate sheet if necessary)

**Domestic-Household Employment Section**

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

NAME \_\_\_\_\_ FIRM NAME \_\_\_\_\_ DATE \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

18. 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 sheets, is true and correct to the best of my (our) knowledge and belief and is signed under the pains and penalties of perjury.

Name (Type or Print)	Social Security #	Resident Address	Title	Signature

19. Remarks \_\_\_\_\_