

Department Use Only
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## APPLICATION FOR UNEMPLOYMENT INSURANCE ACCOUNT AND DETERMINATION OF EMPLOYER LIABILITY

Complete and mail this application to the address at the top of this page to register your business with us for unemployment insurance (UI) purposes. We will review your application and determine whether you must provide UI coverage for your employees. **All** items must be completed. If an item is not applicable (NA) to you or your business, enter "NA." You can provide additional information at the bottom of page 4 of this application or attach additional sheets of paper.

1. First Date of Payroll in Colorado ( <b>Do not</b> provide a future date. If the first date of payroll in Colorado has not occurred, <b>do not</b> complete this application.)			
2. Provide the reason for filing this application.			
<input type="checkbox"/> Original application		<input type="checkbox"/> Reinstatement of existing account    Account Number _____	
<input type="checkbox"/> Change of ownership (enclose a copy of the sales agreement and a list of the board of directors for the new business and all acquired businesses)			
3. Type of Organization (check only one box)			
<input type="checkbox"/> Individual/Sole Proprietor	<input type="checkbox"/> Joint Venture		
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership		
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Partnership		
<input type="checkbox"/> "S" Corporation	<input type="checkbox"/> Limited Liability Limited Partnership		
<input type="checkbox"/> Association	<input type="checkbox"/> Limited Liability Company (reported as corporation on Internal Revenue Service Form 8832)		
<input type="checkbox"/> Trust	<input type="checkbox"/> Limited Liability Company (reported as sole proprietor or partnership on Internal Revenue Service Form 8832)		
<input type="checkbox"/> Estate	<input type="checkbox"/> Stock Sale (only complete page 1 of this application and sign on page 4)		
<input type="checkbox"/> Government	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Religious Organization			
<input type="checkbox"/> Nonprofit as defined by section 501(c)(3) of the Internal Revenue Code (enclose a copy of your exemption letter from the Internal Revenue Service)			
<input type="checkbox"/> Other Nonprofit _____			
4. Basic Information—Provide the requested employer, address, and contact information.			
Legal Business Name (Enter the actual name of the business registered with the Secretary of State, including suffixes such as Inc or LLC, if applicable)			
Trade Name/Doing-Business-As Name (if applicable)			Federal Employer Identification Number (required)
Street Address of Principal Place of Business in Colorado (provide a residence address only if it is the only Colorado address; include city, state, and ZIP code)			
Telephone Number	Cellular Telephone Number	E-mail Address	Web-site Address
Mailing Address if Different From Above (include city, state, and ZIP code, and in-care-of name, if applicable)			Telephone Number
Legal Name of Owner, Partner, or Corporate Officer		Title	Social Security Number
Complete Address of Owner, Partner, or Corporate Officer (Residence or P.O. Box, include city, state, and ZIP code)			Telephone Number
Legal Name of Owner, Partner, or Corporate Officer		Title	Social Security Number
Complete Address of Owner, Partner, or Corporate Officer (Residence or P.O. Box, include city, state, and ZIP code)			Cellular Telephone Number
Attach additional sheets of paper if there are additional owners, partners, or corporate officers.			
Bank Name and Address (provide complete address; include city, state, and ZIP code)			
Payroll-Records Location (provide complete address; include city, state, and ZIP code)			Payroll-Records Telephone Number

<b>Office Use Only</b>	Coding "Q" Number _____	Coding Date _____	Input "Q" Number _____
Account Type _____	NAICS _____	Organization Code _____	Liability Code _____
Qualifying Date _____	Status Code _____	UITR-1 _____	Liability Date _____

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5. Has this business paid wages or paid other remuneration in lieu of wages such as dividends ("S" corporation only), bonuses, draws, or disbursements?  Yes  No  
 NOTE: Wages include payments made to corporate officers performing any services in Colorado.  
 If **Yes**, provide the federal employer identification number (FEIN) if different than the FEIN provided in Item 4 or the UI account number if different than the account number provided in Item 2 if applicable. \_\_\_\_\_

6. Has this business paid any individual who is considered to be a contractor or subcontractor?  Yes  No

7. Has the business issued or does it intend to issue IRS Form 1099-MISC to any individual.  Yes  No  
 If **Yes** to Item 6 or 7, describe the type of work performed \_\_\_\_\_

8. Is this business an employee-leasing company (i.e., does it lease employees to other businesses or management companies)?  Yes  No

9. Are the employees of this business hired through an employee-leasing company or management company?  Yes  No  
 If **Yes**: Provide the name of the employee-leasing or management company \_\_\_\_\_  
 Provide the FEIN and/or UI account number \_\_\_\_\_

10. Is this business an individual/sole proprietor?  Yes  No  
 If **Yes**, are there any employees other than the individual, his or her spouse, or his or her children under the age of 21?  Yes  No

11. Is this business a partnership or limited liability organization?  Yes  No  
 If **Yes**, are there any employees other than the partners or members of the limited liability organization?  Yes  No

12. Select the item that best describes the business's activity in Colorado (check only one box) and provide specific detail below. For additional information regarding these industry descriptions, call Labor Market Information (LMI) at 303-318-8850 or contact LMI in writing at 633 17<sup>th</sup> Street, Suite 600, Denver, CO 80202. Additional information is available online at [lmigateway.coworkforce.com/lmigateway](http://lmigateway.coworkforce.com/lmigateway).

- Agricultural (list crops, animals, and/or services provided)
- Mining (list product being mined and/or services performed)
- Utilities (list type and services performed)
- Transportation, Communication, or Public Utilities (list type)
- Retail Trade (list type of product sold and to whom)
- Wholesale Trade (list type of product sold and to whom)
- Service (list type and explain in detail)
- Finance, Insurance, or Real Estate (list type and explain in detail)
- Manufacturing and Assembly (list materials used and products rendered)
- Government (list type of agency)
- Household/Domestic
- Other \_\_\_\_\_

- Construction—General Contractor
  - Residential
    - Single Family
    - Multiple Family
  - Commercial
    - Industrial/Warehouse
    - Other Commercial
  - Speculative Builder/For Sale by Owner
  - Subcontractor (explain in detail)
- Heavy Construction
  - Highway and Steel Construction
  - Bridge, Tunnel, and/or Elevated Highway
  - Water, Sewer, Pipeline, and/or Communication
  - Other Heavy Construction

Provide specific detail regarding the business's activity in Colorado. If more than one service is provided, indicate which is predominant.  
  
 NOTE: If the business's entire activity is seasonal or if it has seasonal occupations, a request for seasonal designation can be made by completing and returning Form UITL-5, Request for Seasonal Determination. To obtain this form, go to [www.colorado.gov/cdle/ui](http://www.colorado.gov/cdle/ui), click on **Forms and Publications**, and then click on **Employer Forms**. If you have any questions regarding seasonal status, call us at one of the telephone numbers at the top of the initial page of this application.

13. Worksite Information—Provide the following information for each physical location in Colorado. **Do not** provide P.O. boxes, payroll, or accountant addresses. If an employee works from his or her home, you must provide the employee's residence address. Attach additional sheets of paper for more than one physical location in Colorado.

Complete Physical Street Address of Worksite (include city, state, and ZIP code)

Worksite Telephone Number	Worksite Contact Person	Average Number of Employees in a Typical Month
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14. Business Acquisition—For purposes of this application, an acquisition is defined as the purchase or transfer of any or all of the assets and/or employees of a previously established business. If this business entity was acquired, in accordance with CESA 8-76-104, we must make a determination regarding the purpose of the business acquisition. If you have any questions regarding the acquisition of a business, call us at one of the telephone numbers at the top of the initial page of this application. Enclose a copy of the sales agreement and a list of the board of directors for the new business and all acquired businesses.

Is the business entity completing this application as a result of a business acquisition?  Yes  No If **No**, skip to Item 17.  
 If **Yes**: Provide the date of acquisition \_\_\_\_\_  
 Check one of the boxes below to indicate the type of acquisition and complete Items 15 and 16.  
 Total Business Acquisition or Employee Transfer—This business acquired **all** of the organization, trade, or business or **substantially all** of the assets of at least one employer or utilizes the services of 90 percent or more of the total number of employees from another employer.  
 NOTE: This can include a reorganization of a current business.  
 Partial Business Acquisition or Employee Transfer—This business acquired **some** of the organization, trade, or business or assets of at least one employer or utilizes the services of less than 90 percent of the total number of employees from another employer.  
 NOTE: This can include a reorganization of a current business.

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15. Did the business entity acquire or hire any workers from the prior business who are now employed with the new business?  Yes  No  
 If **Yes**: How many employees were acquired? \_\_\_\_\_  
 How many employees did the prior business have during its last four pay periods? Last Pay Period \_\_\_\_\_  
 Second-to-Last Pay Period \_\_\_\_\_ Third-to-Last Pay Period \_\_\_\_\_ Fourth-to-Last Pay Period \_\_\_\_\_

16. Provide the following information regarding the prior employer.	
Prior Legal Business Name	Prior FEIN or UI Account Number
Name of Prior Owner	Current Telephone Number of Prior Owner
Complete Current Address of Prior Owner (include city, state, and ZIP code)	

17. In accordance with the Colorado Employment Security Act (CESA), employers are required to provide UI coverage if one of the following conditions are met. Employers can meet these conditions through the employment of full-time, part-time, and temporary workers (including temporary agricultural workers with an H-2A visa).

NOTE: Calendar quarters are defined as January–March, April–June, July–September, and October–December.

Check the appropriate box and provide the corresponding information that is requested.

**Commercial, Industrial, or Professional Organization** (as defined in CESA 8-70-113)

- Paid one or more workers a total of \$1,500 in gross wages during any calendar quarter in the current or preceding calendar year  
Date on which you paid \$1,500 in gross wages during a calendar quarter to meet this requirement \_\_\_\_\_
- Employed one or more workers for some portion of a day in 20 different calendar weeks during the current or preceding calendar year (all 20 calendar weeks must occur within the same calendar year)  
NOTE: The services do not have to be performed in consecutive weeks or by the same employee.  
Date on which you first employed a worker for some portion of a day to meet this requirement \_\_\_\_\_  
Date on which you employed a worker for some portion of a day in the 20<sup>th</sup> calendar week to meet this requirement \_\_\_\_\_

**Agricultural Employer** (as defined in CESA 8-70-120)

- Paid one or more agricultural workers a total of \$20,000 in gross wages during any calendar quarter in the current or preceding calendar year  
Date on which you paid \$20,000 in gross wages during a calendar quarter to meet this requirement \_\_\_\_\_
- Employed ten or more workers for some portion of a day in 20 different calendar weeks during the current or preceding calendar year (all 20 calendar weeks must occur within the same calendar year)  
NOTE: The services do not have to be performed in consecutive weeks or by the same ten employees.  
Date on which you first employed ten workers for some portion of a day to meet this requirement \_\_\_\_\_  
Date on which you employed ten workers for some portion of a day in the 20<sup>th</sup> calendar week to meet this requirement \_\_\_\_\_

**Household/Domestic-Services Employer** (as defined in CESA 8-70-121)

- Paid one or more workers performing domestic services in a private home, local college club, or local chapter of a fraternity or sorority a total of \$1,000 in gross wages during any calendar quarter in the current or preceding calendar year  
Date on which you paid one or more workers \$1,000 in gross wages during a calendar quarter to meet this requirement \_\_\_\_\_

**Nonprofit Organization, Including Political Subdivision** (exempt under section 501[c][3] of the Internal Revenue Code and as defined in CESA 8-70-118)

- Political Subdivision/Government
- Had four or more workers employed anywhere in the U.S. in any calendar quarter in the current calendar year or preceding calendar year  
NOTE: The services do not have to be performed in consecutive weeks or by the same four employees.  
Date on which you first employed at least one worker in Colorado \_\_\_\_\_  
Date on which you first employed four workers anywhere in the U.S. to meet this requirement \_\_\_\_\_  
Date on which you employed four workers anywhere in the U.S. in the 20<sup>th</sup> calendar week to meet this requirement \_\_\_\_\_  
Type of services provided \_\_\_\_\_

18. Has the owner, partner, or corporate officer of this business entity owned or operated any business in Colorado or does the owner, partner, or corporate officer currently own or operate any other business in Colorado?  Yes  No  
 If **Yes**, provide the information requested below for each business regardless of whether it is still in operation or related to this business entity. In addition, provide the requested information for all affiliated businesses. Attach additional sheets of paper if necessary.

Legal Business Name	UI Account Number	FEIN
Legal Business Name	UI Account Number	FEIN

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19. Will the business entity file a consolidated federal tax return, including Internal Revenue Service Form 851, with any other business or entity?  
 Yes  No  
 If **Yes**, provide the information requested below for each business or entity included in the consolidated tax return. Attach additional sheets of paper if necessary.

Legal Business Name	UI Account Number	FEIN
Legal Business Name	UI Account Number	FEIN

20. Is this business entity the result of a reorganization of a previously existing business entity or entities?  Yes  No  
 If **Yes**, provide the information requested below for all business entities. Attach additional sheets of paper if necessary.  
 NOTE: Attach a copy of your reorganization plan. Provide the names of all corporate officers for all entities, a statement explaining the reason for the reorganization, and any cost-benefit analysis that was completed in relation to the reorganization.

Legal Business Name	UI Account Number	FEIN
Legal Business Name	UI Account Number	FEIN

21. Was this business entity purchased as a franchise from a corporation or franchisor?  Yes  No  
 Was this business entity purchased as a franchise from a corporation or franchisee?  Yes  No

22. Please provide additional information or comments in the space provided below. If you are providing information relative to a question above, please note the question number.

Information/Comments
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I certify under penalty of perjury that the above information is true, accurate, and complete to the best of my knowledge. I understand that there are severe penalties for providing false statements and willfully misrepresenting information in order to reduce UI rates.

Name of Company Officer (please print)		Title
Telephone Number	Alternate Telephone Number	E-mail Address
Signature of Company Officer		Date

The completion of this application is for UI purposes only. If you need to register your business in Colorado for other purposes such as establishing wage withholding, applying for a state sales tax license, or registering a trade name, complete Form CR 0100, Colorado Business Registration. The Colorado Business Registration is available at [www.colorado.gov/revenue](http://www.colorado.gov/revenue).