



EMPLOYER STATUS REPORT

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

PLEASE TYPE OR PRINT CLEARLY IN INK.

**ALSO COMPLETE REVERSE SIDE.
 CALL (617) 626-5075 FOR ASSISTANCE.**

FOR DIVISION USE ONLY

Emp. No.: _____ Subj. Date: _____
 Reason: _____ Qtr.: _____ 13th Wk.: _____
 No. Employees: _____ Area: _____ Ind.: _____
 Rate Yr: _____ NAICS: _____ Aux: _____
 Org.: _____
 Deter. By: _____
 Pred. No.: _____
 Pred. Date: _____
 Pred. Cd.: _____
 ESR Status: _____
 Leasing Code: _____
 Employer Type: _____

Workforce Training Yr./Rate		Contribution Yr./Rate	
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	

Name of employing unit: _____ 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: _____				
Address where you keep your payroll records: _____				
No.	St./P.O. box no.	City	State	Zip Code
Business phone: _____				
Federal identification no.: _____				
Area Code _____ Number _____				

Owner, partners or officers: Name (Required)	S.S.A. No. (Required)	(do not use P.O. box numbers) 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
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Type of organization: Individual Partnership Corporation Other (specify) _____
 If corporation: date incorporated _____ state _____

First date of employment in Massachusetts: _____	Describe nature of your company's business/industry: _____
Are you a client of an employee leasing company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of employee leasing company _____	
Are you liable for federal unemployment tax? <input type="checkbox"/> Yes <input type="checkbox"/> No 1st date of liability _____	Specify your principal activity. Name your principal commodity, product or service. _____
Have you previously been subject to the Massachusetts Unemployment Insurance Law? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give account number _____ name _____	If your main activity in Massachusetts is to provide support services to other locations of your company, please check appropriate box: <input type="checkbox"/> Headquarters <input type="checkbox"/> Research <input type="checkbox"/> Warehouse <input type="checkbox"/> Computer Center <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach a copy of your exemption with this report.	

Have you undergone any type of organizational change? Yes No
*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).*

Name of predecessor: _____ Predecessor DUA account number: _____
 Did you acquire **ALL** or **PART** of the business of the predecessor? ALL PART
 Acquisition of one of several locations in Massachusetts is considered **PART** of the business.
 How acquired? Purchase Lease Franchise Other (explain) _____
 Did you acquire the assets of the predecessor's business? Yes No If Yes, state: date acquired: _____
 Describe those assets acquired: _____
 Describe those assets **NOT** acquired: _____
 Will the predecessor remain in business in Massachusetts? Yes No If No, give the date of last payroll: _____
 If **Yes**, what is present Massachusetts location of predecessor?
 _____ Number of Employees: _____
 No. _____ Street _____ City _____ State _____ Zip Code _____

DOMESTIC EMPLOYERS:

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

AGRICULTURAL EMPLOYERS:

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

ALL OTHER 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 year? Yes No

If an "OUT OF STATE" employer, did you have a Massachusetts payroll in excess of \$200? Yes No

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

RECORD OF MASSACHUSETTS EMPLOYMENT IN CURRENT CALENDAR YEAR						ENTER YEAR _____	
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	
Week Ending							
Number Employed							
	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	
Week Ending							
Number Employed							
TOTAL WAGES	1st QTR. \$		2nd QTR. \$		3rd QTR. \$		4th QTR. \$
RECORD OF MASSACHUSETTS EMPLOYMENT IN PRECEDING CALENDAR YEAR						ENTER YEAR _____	
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	
Week Ending							
Number Employed							
	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	
Week Ending							
Number Employed							
TOTAL WAGES	1st QTR. \$		2nd QTR. \$		3rd QTR. \$		4th QTR. \$
RECORD OF MASSACHUSETTS EMPLOYMENT IN PRECEDING CALENDAR YEAR						ENTER YEAR _____	
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	
Week Ending							
Number Employed							
	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	
Week Ending							
Number Employed							
TOTAL WAGES	1st QTR. \$		2nd QTR. \$		3rd QTR. \$		4th QTR. \$

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

Signature: _____ Title: _____
owner, partner or officer

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

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

Name of employing unit: _____ Date: _____

Signature: _____ Title: _____