



18. DOMESTIC EMPLOYERS:

Have you or will you pay \$1,000 or more in a calendar quarter for domestic service in a private home, college club, fraternity or sorority? If yes, enter the date this occurred or will occur.  Yes  No MM / DD / YYYY

19. NON-PROFIT ORGANIZATIONS: (Attach a copy of Federal Letter of Exemption under Section 501(c)(3) of the Internal Revenue Code.)

Have you or will you employ four or more workers in 20 different calendar weeks during a calendar year? If yes, enter the date this occurred or will occur.  Yes  No MM / DD / YYYY

20. GOVERNMENTAL ENTITY: (check one type below)

Federal  State  Local  Other: \_\_\_\_\_

21. If you are not otherwise subject to the unemployment tax law under one of the preceding criteria (Items 15-20), do you wish to voluntarily cover your employees for unemployment insurance?  Yes  No

22. Have you ever paid Federal Unemployment Tax (FUTA)?  Yes  No  
If yes, for what year(s)? \_\_\_\_\_

23. If you have acquired, transferred assets or merged with another business, or made any other changes in the ownership of the business, including changes, such as from a sole proprietorship to a corporation or a partnership, complete the following:

- a. Name of Former Owner: \_\_\_\_\_  
(Full Organizational Name, including Trade Name)
- b. Former Owner's N.C. UI Tax Number: \_\_\_\_\_
- c. Former Owner's Address: \_\_\_\_\_  
Street or P.O. Box City State Zip Code
- d. On what date did you acquire or change the business? MM / DD / YYYY
- e. Did you acquire all or a portion of the former owner's North Carolina business?  All  Portion (Specify) % \_\_\_\_\_
- f. Was the business in operation at the time you acquired it?  Yes  No Date Closed MM / DD / YYYY
- g. Was the business in bankruptcy at the time you acquired it?  Yes  No
- h. Does the former owner continue to have employees in North Carolina?  Yes  No

24. Do you have workers who perform services for your business whom you consider to be self-employed or independent contractors? If yes, see instructions for list to be attached.  Yes  No

25. List owners (parent corporation, sole proprietor, ALL general partners, principal corporate officers, or members.) Attach a list of those for which there is no space below.

_____	_____	_____	_____	_____
First Name	Middle Name	Last Name	Title	SSN or FEIN
_____	_____	_____	_____	_____
Street or P.O. Box	City	State	Zip Code	( ) Phone
_____	_____	_____	_____	_____
First Name	Middle Name	Last Name	Title	SSN or FEIN
_____	_____	_____	_____	_____
Street or P.O. Box	City	State	Zip Code	( ) Phone
_____	_____	_____	_____	_____
First Name	Middle Name	Last Name	Title	SSN or FEIN
_____	_____	_____	_____	_____
Street or P.O. Box	City	State	Zip Code	( ) Phone

**Be Sure That All Applicable Items Are Completed Before Signing**

I certify that the information entered on this form is true and accurate, and that I am authorized by the named employing unit to complete this report for determining unemployment tax liability.

Signature \_\_\_\_\_ Title \_\_\_\_\_ MM / DD / YYYY