

EMPLOYER STATUS REPORT

READ INSTRUCTIONS BEFORE COMPLETION OF FORM

1. ENTER OR CORRECT BUSINESS NAME AND ADDRESS					RETURN ORIGINAL WITHIN 10 DAYS										
3. TRADE NAME					GEORGIA DOL ACCOUNT NUMBER (If already assigned) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>										
4. PRINCIPAL BUSINESS, FARM OR HOUSEHOLD LOCATION IN GEORGIA (Do not use a P. O. Box number)		Street Address			City		GA	Zip Code	County	Telephone Number ()					
5. DATE FIRST BEGAN EMPLOYING WORKERS WITHIN STATE OF GA.		DATE OF FIRST GA. PAYROLL		6. ARE YOU LIABLE FOR FEDERAL UNEMPLOYMENT TAX? YES <input type="checkbox"/> NO <input type="checkbox"/>		FEDERAL I. D. NUMBER <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
7. HAVE YOU..... Acquired another business? Yes <input type="checkbox"/> No <input type="checkbox"/>		DATE ACQUIRED OR CHANGED		PREDECESSOR'S GEORGIA DOL ACCOUNT NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>		DID YOU ACQUIRE..... <input type="checkbox"/> All of Georgia operations? <input type="checkbox"/> Substantially all of Georgia operations (90% or more) <input type="checkbox"/> Part of Georgia operations (less than 90%)									
Merged with another business? Yes <input type="checkbox"/> No <input type="checkbox"/>		DOES THE FORMER OWNER CONTINUE TO HAVE EMPLOYEES? Yes <input type="checkbox"/> No <input type="checkbox"/>													
Formed a corporation or partnership? Yes <input type="checkbox"/> No <input type="checkbox"/>		Made any other change in the ownership of your business? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain _____													
FROM WHOM? (Organization name, including trade name)					ADDRESS										
8. IF YOU HAD PRIVATE BUSINESS EMPLOYMENT: Did you, or do you expect to employ at least one worker in 20 different calendar weeks during a calendar year? Yes* <input type="checkbox"/> No <input type="checkbox"/>					9. IF YOU HAD DOMESTIC EMPLOYMENT: Did you, or do you expect to pay cash wages of \$1,000 or more in any calendar quarter? Yes* <input type="checkbox"/> No <input type="checkbox"/>					10. IF YOU HAD AGRICULTURAL EMPLOYMENT: Did you, or do you expect to employ 10 or more agricultural workers in 20 different calendar weeks during a calendar year? Yes* <input type="checkbox"/> No <input type="checkbox"/>					
* If yes, show date the 20th week first occurred or will occur:					* If yes, show date this first occurred or will occur:					* If yes, show date the 20th week first occurred or will occur:					
Did you, or do you expect to have a quarterly payroll of \$1,500 or more? Yes* <input type="checkbox"/> No <input type="checkbox"/>					Did you, or do you expect to have a gross cash agricultural payroll of \$20,000 or more in any calendar quarter? Yes* <input type="checkbox"/> No <input type="checkbox"/>					12. HOW MANY EMPLOYEES do you have (or anticipate when in full operation)? <input type="text"/>					
* If yes, show date this first occurred or will occur:					* If yes, show date this first occurred or will occur:					* If yes, show date this first occurred or will occur:					
11. IF YOU ARE A NONPROFIT ORGANIZATION EXEMPT FROM INCOME TAX UNDER IRS CODE 501(c)(3): Did you, or do you expect to employ four or more workers in 20 different calendar weeks during a calendar year? (ATTACH COPY OF 501(c)(3) EXEMPTION LETTER) Yes* <input type="checkbox"/> No <input type="checkbox"/>					* If yes, show date the 20th week first occurred or will occur:										
INFORMATION ABOUT OWNER, ALL PARTNERS, OR PRINCIPAL OFFICER (ATTACH ADDITIONAL SHEET, OR SHEETS, IF NECESSARY)		Name			Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Residence Address		City		State		Zip Code	Telephone ()	
		INFORMATION ABOUT PERSON OR FIRM WHO MAINTAINS FINANCIAL RECORDS OF BUSINESS			Name		Address		City		State		Zip Code	Telephone ()	
		CERTIFICATION: I hereby certify under penalties of perjury, that the foregoing statement and those contained in any attached sheets signed by me are true and correct, and that I am authorized to execute this report on behalf of the employing unit. This report must be signed by owner, partner or principal officer.			Signature		Title		Date						

(CONTINUED)

NATURE OF BUSINESS: Information is required on all items. Attach additional sheets, if necessary.

<p>A. How many Georgia locations do you operate? <input style="width: 40px;" type="text"/> Provide the following information for each location, attaching additional sheets if necessary.</p> <p>B. Check the box that best describes the industry that relates to your business activities:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top; border: none;"> <input type="checkbox"/> Agriculture <input type="checkbox"/> Forestry <input type="checkbox"/> Fishing <input type="checkbox"/> Mining <input type="checkbox"/> Construction (specify): ___General Contractors Industrial ___% ___Residential ___% Commercial ___% ___Speculative Building ___Special Trade Contractor (specify plumbing, etc.,) _____ ___Heavy Construction (specify cable, highway, etc.,) _____ </td> <td style="width:50%; vertical-align: top; border: none;"> <input type="checkbox"/> Manufacturing <input type="checkbox"/> Transportation <input type="checkbox"/> Communication <input type="checkbox"/> Public Utilities <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Retail Trade <input type="checkbox"/> Finance <input type="checkbox"/> Insurance <input type="checkbox"/> Real Estate <input type="checkbox"/> Services <input type="checkbox"/> Public Administration <input type="checkbox"/> Private Household Employer </td> </tr> </table>	<input type="checkbox"/> Agriculture <input type="checkbox"/> Forestry <input type="checkbox"/> Fishing <input type="checkbox"/> Mining <input type="checkbox"/> Construction (specify): ___General Contractors Industrial ___% ___Residential ___% Commercial ___% ___Speculative Building ___Special Trade Contractor (specify plumbing, etc.,) _____ ___Heavy Construction (specify cable, highway, etc.,) _____	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Transportation <input type="checkbox"/> Communication <input type="checkbox"/> Public Utilities <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Retail Trade <input type="checkbox"/> Finance <input type="checkbox"/> Insurance <input type="checkbox"/> Real Estate <input type="checkbox"/> Services <input type="checkbox"/> Public Administration <input type="checkbox"/> Private Household Employer	<p>C. Enter in order of importance and indicate approximate % of total annual income derived from each:</p> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Principal Service(s) Rendered*</td> <td style="width:5%; text-align: center;">OR</td> <td style="width:35%;">Principal Product(s) <input type="checkbox"/> Mfg. <input type="checkbox"/> Grown <input type="checkbox"/> Sold</td> </tr> <tr> <td>_____</td> <td></td> <td>_____ %</td> </tr> <tr> <td>_____</td> <td></td> <td>_____ %</td> </tr> <tr> <td>_____</td> <td></td> <td>_____ %</td> </tr> </table> <p>* If Transportation-Trucking, indicate if interstate carrier</p> <p>D. If this report includes establishment(s) that <u>only</u> perform services for other units of the company, indicate the primary type of service or support provided. Check as many as apply:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">1. <input type="checkbox"/> Central Administration</td> <td style="width:50%;">3. <input type="checkbox"/> Storage (warehouse)</td> </tr> <tr> <td>2. <input type="checkbox"/> Research, development, and testing</td> <td>4. <input type="checkbox"/> Other: (specify), _____</td> </tr> </table>	Principal Service(s) Rendered*	OR	Principal Product(s) <input type="checkbox"/> Mfg. <input type="checkbox"/> Grown <input type="checkbox"/> Sold	_____		_____ %	_____		_____ %	_____		_____ %	1. <input type="checkbox"/> Central Administration	3. <input type="checkbox"/> Storage (warehouse)	2. <input type="checkbox"/> Research, development, and testing	4. <input type="checkbox"/> Other: (specify), _____
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FOR ASSISTANCE, call the Industry Classification Unit, (404) 232-3875

IMPORTANT – This report must be filed! The law provides that all employing units shall file a report of its employment during a calendar year. For the purpose of aiding you in complying with OCGA Section 34-8-121 of the Employment Security Law, this form has been prepared to assist you in furnishing the required information. Answer all questions fully and if additional space is necessary under any item, attach signed and dated sheets which bear the words "Supplement to Form DOL-1N."

Each false statement or willful failure to furnish this report is punishable as a crime. Each day of such failure or refusal constitutes a separate offense.

The Georgia Employer Status Report is required of all employers having individuals performing services in Georgia regardless of number or duration of time.

The filing of this form is required at the time your business first had individuals performing service in Georgia, or when you acquired another legal entity, and may also be required again upon request.

NOTE: Disclosure of your social security number is mandatory. It will be used for the purpose of identification and it is required under the authority of 42 U.S.C. Section 405(c)(2)(C) and OCGA Section 34-8-121.

INSTRUCTIONS

(NUMBERS CORRESPOND TO ITEMS ON FORM)

1. Enter or correct name and address of individual owner, partners, corporation or organization. This is the address to which you authorize us to mail all reports, correspondence, etc. If you have already been assigned a Georgia Department of Labor Account Number (Ga. DOL Acct. No) by this Department, please insert the number.
2. Indicate by check mark type of organization. If a nonprofit organization, attach copy of I.R.S. letter exempting the organization from Federal Income Tax under Section 501(c)(3) of Internal Revenue Code.
3. Trade name by which business is known if different than 1.
4. Physical location of business, farm or household in Georgia if different than 1. Please include telephone number with area code.
5. Enter the first date of employment in Georgia and the first date of Georgia payroll.
6. If you are subject to the Federal Unemployment Tax Act, and are required to file Federal Form 940, answer this question "yes". Be sure to enter your Federal Employer Identification Number whether answered "yes" or "no".
7. Answer this question if you acquired this business from another employer or if after you began employing workers you have acquired other businesses; merged with other businesses; formed or dissolved partnerships, corporations, professional associations; or if any other change in the ownership of the business has occurred. Indicate the date of acquisition or change and provide all information concerning the previous owner's name, trade name, address and DOL Account Number. Indicate by checking the appropriate block the portion of the previous owner's business involved in the acquisition or change. No transfer of experience rating history can be made unless information concerning the previous owner is provided.
8. Private Business Employment – Most employment is considered private business employment. This includes all types of work except domestic service such as maids, gardeners, cooks, etc., agricultural service and service performed for governmental or nonprofit organizations.
9. Domestic employment includes all service for a person in the operation and maintenance of a private household, local college club or local chapter of a college fraternity or sorority such as chauffeurs, cooks, babysitters, gardeners, maids, butlers, private and/or social secretaries, etc. If you had such employment, consider only cash payments made to all individuals performing domestic services to determine if \$1,000 or more cash wages were paid in any calendar quarter during 1977 and subsequent quarters.
10. Consider only cash payments made to all individuals performing agricultural services to determine if \$20,000 or more cash wages were paid in any calendar quarter during 1977 and subsequent quarters.
11. Answer this question only if this business is a nonprofit organization exempt from Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code. Attach a copy of the I.R.S. letter granting this exemption. Nonprofit organizations with tax exemptions other than under Section 501(c)(3) should answer question 8, Private Business Employment.
12. Self-explanatory.

FOR ASSISTANCE, call the Adjudication Section, (404) 232-3301

RETURN ORIGINAL WITHIN TEN (10) DAYS TO:

OR

FAX TO:

Georgia Department of Labor
P O Box 740234
Atlanta, GA 30374-0234

Adjudication Section
404-232-3285