



32 South Main Street  
Concord, New Hampshire 03301-4857  
Phone (603) 228-4142 Fax (603) 225-4323  
www.nh.gov/nhes

(Do not write in this space)	Account # _____
	Subject _____
	Retroactive _____
	Successor _____
	Acquisition _____
	Not Subject _____
	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>_____</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> <p>_____</p> <p>CITY _____ STATE _____ ZIP CODE _____</p> <p>_____</p> <p>PHONE NUMBER _____ FAX NUMBER _____</p> <p>_____</p> <p>E-MAIL _____</p> <p>_____</p> <p>MAILING ADDRESS IF DIFFERENT FROM ABOVE</p> <p>_____</p> <p>STREET ADDRESS OR POST OFFICE BOX</p> <p>_____</p> <p>CITY _____ STATE _____ ZIP CODE _____</p> <p>_____</p> <p>PHONE NUMBER _____ FAX NUMBER _____</p>	<p>2. Federal Identification Number</p> <p>____ - _____</p> <p>3. Describe in detail your principal activity in NH.</p> <p>_____</p> <p>3a. Describe in detail your principal products, processes, or services in NH.</p> <p>_____</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>
<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. <input type="checkbox"/> No If No, skip to item 12.</p>	

11a. Please provide the name and address of prior owner.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Reorganization  Purchase assets of business

Transfer of trade or business  Merger

Change of entity (e.g. proprietorship to corporation)  Lease of business

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: \_\_\_\_\_

	1st	2nd	3rd	4th	5th
JAN					
FEB					
MAR					
APR					
MAY					
JUN					
JUL					
AUG					
SEP					
OCT					
NOV					
DEC					

CALENDAR YEAR: \_\_\_\_\_

	1st	2nd	3rd	4th	5th
JAN					
FEB					
MAR					
APR					
MAY					
JUN					
JUL					
AUG					
SEP					
OCT					
NOV					
DEC					

CALENDAR YEAR: \_\_\_\_\_

	1st	2nd	3rd	4th	5th
JAN					
FEB					
MAR					
APR					
MAY					
JUN					
JUL					
AUG					
SEP					
OCT					
NOV					
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 NO. \_\_\_\_\_

RESIDENT ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE

NAME (Type or Print) \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

RESIDENT ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE

NAME (Type or Print) \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

RESIDENT ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE

19. Remarks