REPORT TO DETERMINE LIABILITY

Congratulations on starting a business in Ohio. To obtain an Ohio Unemployment Compensation Tax Account immediately, please visit our web site at http://unemployment.ohio.gov anytime of the day or night. If you prefer, you may submit your information by completing this form and we will notify you in writing of your account number within 4-6 weeks. When completing this form, please neatly print using block capital letters in black ink. For example:

Fields marked with an asterisk * are required.

• 1.a Legal Entity Name

  Note: If estate, trust, guardianship or receivership, please enter the name of the individual or business that it is for.

• 1.b Trade Name (Doing Business As) - If no trade name, please leave blank.

• 1.c Telephone Number

  -  

  Extension

  1.d Fax Number

• 1.e Business Email

1.f Business Web site

1.g Physical Business Address

  Attention

• Address Line 1 - Enter street address information here (ie, 123 Main St, etc.).

• Address Line 2 - Enter secondary address information here (ie, STE 123, APT A, 1st FL, etc.). If none, please leave blank.

• City

• State

• ZIP

• Country

Province - International addresses only

Postal Delivery Code - International addresses only
1.h  Mailing Address (if different than physical business address):

Note: To have your correspondence sent to a representative (i.e., accountant, payroll company, etc), please complete an Employer’s Representative Authorization form (JFS 20106).

Attention

Address Line 1 - Enter street address or PO Box information here (ie, 123 Main St, PO BOX 123, etc.).

Address Line 2 - Enter secondary address information here (ie, STE 123, APT A, 1st FL, etc.). If none, please leave blank.

City

State    ZIP    -    Country

Province - International addresses only

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2.a  Type of business operation (choose one):

☐ Individual  ☐ Partnership  ☐ Association  ☐ Joint Venture  ☐ Limited Liability Company (taxed as corporation)

☐ Limited Liability Company (taxed as individual)  ☐ Limited Liability Company (taxed as partnership)

☐ Limited Partnership  ☐ Public Entity

☐ Corporation

State of inc.  Date of inc. (MM/DD/YYYY)  Charter Number

☐ Fiduciary (i.e., trust, estate, guardianship or receivership)

Enter name of Trustee, Executor, Guardian or Receiver

☐ Other (explain)

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3. Provide the following information regarding the principal member(s) of the business (i.e., individual, partners, corporate officers, etc.):

**Note:** If you selected Public Entity in question #2, you must provide the name of an individual to be responsible for the receipt of all forms, reports and billings.

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4.a On what date did you first employ one or more workers in Ohio (including corporate officers)? If reactivating your account, please leave blank.

4.b Number of Employees employed in Ohio:

5.a Have you previously been subject to the Ohio Unemployment Compensation Law?  Yes  No, skip to question # 6.a

5.b If yes, provide previous Employer Name

5.c If yes, provide your Unemployment Compensation Account Number

5.d If reactivating your account, provide the Date of New Hire.

6.a Provide your federal employer identification number (I.R.S.):

6.b Provide your Workers’ Compensation Account number:

6.c Provide your State Tax Withholding Account number:

6.d If your business requires a Liquor Permit, provide permit number:

7. Have you paid wages which were taxable under the Federal Unemployment Tax Act (FUTA)?  Yes  No

If yes, indicate which years:

8. Did you acquire the business or make any other changes in the ownership of the business?  Yes, please complete form JFS 20101  No

9.a What is your Primary Industry Type (Please only choose one):

- Agriculture / Forestry / Fishing / Hunting
- Mining
- Utilities
- Manufacturing
- Management of Companies
- Professional / Scientific / Technical Services
- Real Estate / Rental / Leasing
- Construction
- Information
- Transportation / Warehousing
- Wholesale Trade
- Retail Trade
- Finance / Insurance
- Educational Services
- Healthcare / Social Assistance
- Arts / Entertainment / Recreation
- Accommodation / Food Services
- Administrative / Support / Waste / Remediation Services
- Public Administration
- Other Services
9.b Describe the type of services performed, products made, sold, etc.

9.c What Ohio county do you employ the greatest number of workers:

9.d Do you have more than one business location in Ohio?  □ Yes  □ No

9.e Is this establishment primarily engaged in performing services for other units of the company?  □ Yes  □ No

If yes, indicate nature of activity:

□ Central Administrative Office  □ Storage (warehouse)

□ Research, Development, or Testing  □ Other

NOTE: If you have any questions in regard to questions 9.a thru 9.e, please telephone (614) 644-2689.

10.a What Type of Business are you engaged in? (Please only check one and answer the questions below it):

□ General

a. Have you paid or will you pay wages of $1,500 or more in covered employment in a calendar quarter?  □ Yes  □ No

b. If yes, enter the date this occurred or will occur:  □ / □ / □

c. Have you had or will you have at least one employee in covered employment for some portion of a day in each of 20 different weeks in any calendar year?  □ Yes  □ No

d. If yes, enter the date this occurred or will occur:  □ / □ / □

□ Agricultural

a. Have you paid or will you pay wages of $20,000 or more in covered employment in a calendar quarter?  □ Yes  □ No

b. If yes, enter the date this occurred or will occur:  □ / □ / □

c. Have you had or will you employ at least 10 individuals in agricultural employment for some portion of a day in each of 20 different weeks in any calendar year?  □ Yes  □ No

d. If yes, enter the date this occurred or will occur:  □ / □ / □

□ Domestic

a. Have you paid or will you pay wages of $1,000 or more in covered employment in a calendar quarter?  □ Yes  □ No

b. If yes, enter the date this occurred or will occur:  □ / □ / □

□ Non-Profit Organization or Indian Tribe

a. Do you have a Federal Letter of Exemption from paying income taxes under Section 501(c)(3) of the Internal Revenue Code?  □ Yes  □ No

b. If yes, submit a copy of the Exemption Letter with this application.
c. Have you employed or will you employ at least 4 individuals in covered employment for some portion of a day in each of 20 different weeks? □ Yes □ No

d. If yes, enter the date this first occurred or will occur: □ □ □ □ □ □ □

e. If determined liable, do you wish to be set up as a Contributory or Reimbursing employer? □ Contributory □ Reimbursing

f. If you are not otherwise subject to unemployment compensation law, would you like to voluntarily cover your employees for unemployment compensation? □ Yes □ No

g. If you do not have a Federal Letter of Exemption, have you applied for one? □ Yes □ No

h. If you have applied for a Federal Letter of Exemption, but have not received one, please answer the following questions:

  i. Have you paid, or will you pay wages of $1500 or more in covered employment in a calendar quarter? □ Yes □ No

  ii. If yes, enter the date this first occurred or will occur: □ □ □ □ □ □ □

  iii. Have you had or will you have at least one employee in covered employment for some portion of a day in each of 20 different weeks in any calendar year? □ Yes □ No

  iv. If yes, enter the date this first occurred or will occur: □ □ □ □ □ □ □

Government Agency or Public Entity

  a. Did you employ at least one (1) individual in covered employment (Elected Officials are not considered as covered employment)? □ Yes □ No

Church or Organization Operated Primarily for Religious Purposes

* 11.a Do you have any workers who perform services for your business whom you consider to be self-employed or independent contractors? □ Yes □ No

Certification: I hereby certify that the information given in this report is true to the best of my knowledge and belief.

Signature: ________________________________

Date □ □ □ □ □ □ □

Title ________________________________
Please return this page when mailing.