

New York State Employer Registration for Unemployment Insurance, Withholding, and Wage Reporting

You may apply online at www.labor.ny.gov.

For office use only:
U.I. Employer Registration No.

Return completed form (type or print in ink) to the
address above, or fax to (518) 485-8010, or complete
the online registration at www.labor.ny.gov

Need Help? Call 1-888-899-8810

Do Not use this form to register a Nonprofit IRC 501 (c) (3), Agricultural, Governmental Employer, or Indian Tribe.
Call 1-888-899-8810 to request applicable form or visit www.labor.ny.gov.

Part A – Employer Information

- Type (check one): Business (complete parts A, B, D, and E)
 Household Employer of Domestic Services (complete A, C, D, and E-1)
- Legal entity (check one – do not complete if household employer):
 Corporation (includes Sub-Chapter S) Limited Liability Company (LLC) Limited Liability Partnership (LLP)
 Sole Proprietorship Partnership Other (please describe): _____
- FEIN (Federal Employer Identification Number): -
- Phone no.: () - 5. Fax no.: () -
- Legal name of business: _____
- Trade name (doing business as), if any: _____
- Business e-mail: _____ 9. Website: _____

Part B – Business Employer

- Enter date of **first** operations in New York State: / / (mm/dd/yyyy)
- Enter the date of the **first** payroll from which you withheld or will withhold NYS Income Tax from your employees' pay: / / (mm/dd/yyyy)
- a. Indicate the first calendar quarter and enter the year you paid (or expect to pay) total remuneration of **\$300** or more. (Remuneration is every form of compensation, including payments to employees or to corporate and Sub-Chapter S officers for services.)
 Jan 1 – Mar 31 (1st) Apr 1 – Jun 30 (2nd) Jul 1 – Sep 30 (3rd) Oct 1 – Dec 31 (4th) Tax Year
- b. Are you registering to remit withholding tax **only**? Yes No
4. Total number of employees: _____
5. Do persons work for you, whom you do not consider employees? Yes* No
* If Yes, explain the services performed and the reason you do not consider these persons employees.

Part E – Business Information

1. Complete the following for **sole proprietor (owner), household employer of domestic services, all partners, including partners of LP, LLP or RLLP, all members of LLC or PLLC, and corporate officers (President, Vice President, etc.)**, whether or not remuneration is received or services are performed in New York State.

Name	Social Security Number	Title	Residence Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Please enter the number of physical locations at which your company operates in NYS: _____. You **MUST** list the physical address and answer questions A through E below, for each location. Use a separate sheet of paper for each.

a. Location: _____
 Number and Street City or Town County Zip Code

b. Approximately how many persons do you employ there? _____

c. Check the principal activity at the above location:

- | | | |
|--|---|---|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation | <input type="checkbox"/> Scientific/professional & technical services |
| <input type="checkbox"/> Wholesale trade | <input type="checkbox"/> Computer services | <input type="checkbox"/> Finance & insurance |
| <input type="checkbox"/> Retail trade | <input type="checkbox"/> Educational services | <input type="checkbox"/> Arts, entertainment & recreation |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Health & social assistance | <input type="checkbox"/> Food service, drinking & accommodations |
| <input type="checkbox"/> Warehousing | <input type="checkbox"/> Real estate | <input type="checkbox"/> Corporate, subsidiary managing office |
| <input type="checkbox"/> Other (Please specify): _____ | | |

d. If you are primarily engaged in manufacturing, complete the following:

Principal Products Produced	Percent of Total Sales Value	Principal Raw Materials Used
_____	_____	_____

e. If your principal activity is not manufacturing, indicate products sold or services rendered:

Type of Establishment	Principal Product Sold or Service Rendered	Percent of Total Revenue
_____	_____	_____

I affirm that I have read the above questions and that the answers provided are true to the best of my knowledge and belief.

X _____ //
 Signature of Officer, Partner, Proprietor, Member or Individual (mm/dd/yyyy)

_____ Phone no.: () -
 Official Position

* Refer to NYS – 100 I for instructions.