



UNEMPLOYMENT TAX REGISTRATION

You are required to complete this form even if you have never had any employees.
Complete and return within 10 days to:
Division of Employment Security, P.O. Box 59, Jefferson City, MO 65104-0059
Website: www.labor.mo.gov/DES/Employers Phone: 573-751-3340 Fax: 573-751-7483

FOR DIVISION USE ONLY
SUTA
LIA 2699() ID

MAILING BLOCK

This information is required to be provided pursuant to Chapter 288 RSMo and 8 CSR 10-4.020 of the Missouri Division of Employment Security and the Internal Revenue Code [26 U.S.C. 85; 6011(a) 6050 B, and 6109(a)], and will only be used by public officials in the performance of their public duties.
Signature of person completing this form Date
Print Name and Title Phone Number
Signature (Owner, Partner or Corporate Officer) Date
Print Name and Title Phone Number
Under authority of Section 6103(d) of the Internal Revenue Code, the Internal Revenue Service provides this agency with information necessary for Certification and Audit purposes.

LEGAL INFORMATION
1. Legal Name of Employing Unit 2. Trade Name (DBA)
3. Mailing Address (If different than mail block.) 4. Headquarters (If item 3 is third party address such as CPA, POA, etc., give direct mailing address for the employing unit.)
5. Phone 6. Fax 7. FEIN
8. E-mail 9. MO Dept. of Revenue Number

BUSINESS INFORMATION
10. Description of Main Business Activity in Missouri (Check One)
General
Agriculture
Domestic
10a. Give detailed description of main activity in Missouri.
11. Type of Organization (Check One)
If registered entity, you must provide charter information.
12. Responsible Party (owner, partner, officer, member, other), if more than two, attach additional sheets.
13. Missouri Location Address(es) (physical address only; no P.O. Box), if more than two, attach additional sheets.

WORKER INFORMATION

14. Missouri Worker(s) to include corporate officer(s) and member(s) of LLC taxed as a corporation that receive remuneration for services performed in Missouri.
First date on which you had one (1) or more worker(s) in Missouri ___ / ___ / ___ Average number of workers per month ___
First date of Missouri payroll ___ / ___ / ___
 If you have not hired a Missouri worker, when do you anticipate a worker(s) in Missouri ___ / ___ / ___
 If you do not anticipate having a worker(s) in Missouri, explain _____

15. Have you used or are you using Independent Contractors? Yes No
 If yes, attach a list including contractors' name, address, SSN/FEIN, phone, copy of invoices, business cards, 1099s, type of service performed, and/or anything to verify contractor/worker is independent of your business.

16. Is your entity a lessor/professional employer organization (PEO)? Yes No
 If yes, attach list of client(s) name, address, phone, FEIN, contact person, and copy of contract.

17. Are you leasing employees from another business? Yes No If yes, give Missouri start date ___ / ___ / ___
 If yes, attach a copy of the contract and provide lessor/PEO information requested below.

Lessor/PEO Name	FEIN
Address	Contact Person
City ST ZIP	Phone

EMPLOYMENT INFORMATION

18. General
 Have you had a Missouri total gross payroll of \$1,500 or more in any quarter? Yes No
 If yes, enter the quarter and year the \$1,500 or more was first paid: Quarter _____ Year _____
 Have you had one or more workers in some portion of a day in each of 20 different weeks in a calendar year? Yes No
 If yes, enter the quarter and year the 20th week was worked: Quarter _____ Year _____

19. Agricultural
 Have you paid gross wages of \$20,000 or more in a calendar quarter in all states combined? Yes No
 If yes, enter the quarter and year the \$20,000 was first paid: Quarter _____ Year _____
 Have you had ten workers in some portion of a day in each of 20 different weeks during a calendar year? Yes No
 If yes, enter the quarter and year the 20th week was worked: Quarter _____ Year _____

20. Domestic
 Have you paid cash wages in Missouri of \$1,000 or more in any quarter? Yes No
 If yes, enter the quarter and year the \$1,000 was first paid: Quarter _____ Year _____
 Are services being provided by a Consumer Directed Service Provider (CDSP)? Yes No If yes, provide CDSP info.

CDSP Name	FEIN
Address	Contact Person
City ST ZIP	Phone

21. 501(c)(3): Copy of not-for-profit IRS exemption letter must be submitted.
 Did you employ four or more individuals in any part of a day in each of 20 different weeks in a calendar year? Yes No
 If yes, enter the quarter and year of the 20th week worked: Quarter _____ Year _____
 Do you wish to be a Reimbursable Employer? Yes No

22. Religious: Are you operating as a Church or Religious Organization as defined by the IRS? Yes No
 Is the entity operated primarily for religious purposes and operated, supervised, controlled, or principally supported by a church, convention, or association of churches? Yes No

23. Governmental Entity: Yes No If yes, what type: State Local Indian Tribe
 Do you wish to be a Reimbursable Employer? Yes No (If yes, an Indian Tribe must post a Surety Bond.)
 If Indian Tribe, indicate the principal tribe/tribe unit _____

24. Federal Unemployment Tax Act (FUTA) Liability (Filed IRS Form 940)
 Was this business FUTA liable in another state in any of the previous three years? Yes No
 If yes, enter the first year of FUTA liability: Year _____

ACQUISITION INFORMATION

25. Did you acquire the operations of an existing Missouri business? Yes No
Type of acquisition or change (Check One) **Effective Date of Change** ___ / ___ / ___
 Purchased/Acquired a Business Transferred Ownership Change in Organization
 Stock Ownership Change Merger/Reorganization Other _____

26. Previous owner/operator: (If more than one, attach additional sheets for each, answering 26-29.)

Name	FEIN	SUTA Number
Address	Phone	
City ST ZIP	Contact Person	

27. Did you continue without interruption the previous owner/operator's business activities in Missouri? Yes No
 If no, explain the interruption _____

28. Did you acquire 100% of the previous owner/operator's Missouri business operations? Yes No
 If no, indicate the percentage of Missouri business operations acquired _____%
 Explain what portion of the business was acquired _____

29. Is there common ownership, management or control with the previous owner/operator? Yes No
 If yes, explain _____