UI-1

Mississippi Department of Employment Security | M | D | E | S |

STATUS REGISTRATION



▶ Always complete entire form ◀

| MDES OFFICIAL INFO | RMATION | | Found Date (MM/D | D/YYYY): | | | | |
|---|------------------------------------|---------------------------------------|-------------------------------------|--|--|--|--|--|
| ► DO NOT WRITE ABOVE THIS LINE ◆ | | | | | | | | |
| EMPLOYER ENTITY INFORMATION | | | | | | | | |
| 1. Federal Employer ID Num | | | | | | | | |
| 2. Organization Type: | Corporation Par | tnership Individ | ual Non-Prof | fit Corp. | | | | |
| 3. IF A CORPORATION: a. | | tnership LLC | | nter type): c. State of Legal Domicile: | | | | |
| 4. IF INDIVIDUAL OWNER: | | | | | | | | |
| 5. Legal Entity Name: | dual(s) not including yourself, yo | | s Name (D/B/A): | ES NO L | | | | |
| 7. Have you paid employees | s for work performed in Mississip | ppi? YES NO | 7. a. If Yes, providemployed someon | de the date (MM/DD/YYYY) you first | | | | |
| 8. Does this business consis | st solely of agricultural work? | YES NO | employed someon | ιε π ινποσιοσιρμί. | | | | |
| 9. Does this business emplo | y domestic help? | YES NO (This | includes housekeepers, si | itters, or other domestic employment) | | | | |
| 10. Are you applying for reim | bursable status under the Indian | Tribal Law? YES | NO 🗌 | | | | | |
| 11. Is this organization a Stat | e College, State University or St | ate Hospital? YES | NO 🗌 | | | | | |
| 12. Is this business FUTA (Fe | ederal Unemployment Tax) liable | e in another state? YES | NO 🗌 | | | | | |
| 13. Are you a Professional Baseball Concessionaire? YES NO | | | | | | | | |
| 14. Do you have a Third Party that handles your payoll and/or tax matters? YES NO | | | | | | | | |
| a. If Yes, Third Party authorized to handle matters for Unemployment Tax: Name: Title: b. Agent/Officer Phone: () - ext. | | | | | | | | |
| 15. Do you have business loc | cation(s) in Mississippi? | YES [| NO 🗌 | | | | | |
| | ces of business in Mississippi a | | | | | | | |
| City | County | Number of Employees | Princi | pal Business Activity | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 16. Are you exempt as an IRS | S 501 (C) (3) Non-Profit Organiz | ation? YES NO | a. If Yes, attach a | copy of your 501(C) (3) exemption. | | | | |
| | | | | | | | | |
| EMPLOYER CONTACT | T DETAILS | | | | | | | |
| 1. Physical Address | | | | | | | | |
| Address: City: | | State: | Country: | ZIP Code: | | | | |
| Phone: () | - | | • | | | | | |
| 2. <u>Unemployment Tax Mailing Address</u> Same as previous | | | | | | | | |
| Attention: | | | | | | | | |
| Address: City: | | State: | Country: | ZIP Code: | | | | |
| Phone: () | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| Contact Name (First, MI, La | <u> </u> | Phone: () | - ext. | | | | | |
| 3. <u>Unemployment Claims Mailing Address</u> Same as previous | | | | | | | | |
| Address: City: | | State: | Country: | ZIP Code: | | | | |
| 1 | | FAY: / | · · · · | 1 1111 | | | | |

| 4. Payroll Mailing Address Same as previous | | | | | | | | | | | | | | |
|--|--|----------------|---------------|---------------|-------------|-------------------------|--------------|--------------|---|------------|-------------------|-------------|----------|--|
| Addres City: | SS: | | | | | State: | | Country: | | | ZIP Code: | | | |
| Phone | . () | , | | | | | FΔX· (| ١ | | | | | | |
| Phone: () - FAX: () - 5. Officer or Resident Agent authorized to furnish payroll information: Name: Title: | | | | | | | | | | | | | | |
| 6. Preferred Mode of Correspondence: USPS E-Mail Telephone FAX Other (enter type): | | | | | | | | | | | | | | |
| 7. Employer E-Mail Address: | | | | | | | | | | | | | | |
| BUSINESS OWNERSHIP 1. List the Name, Title, Social Security Number and Address of the Proprietor, Partners or Corporate Officers. | | | | | | | | | | | | | | |
| NAME (First, MI, Last) TITLE SSN ADDRESS | | | | | | | | | | | | | | |
| | IVAIVIE | = (F115t, WII, | Lasij | | IIILE | | - | _ | | | ADDRE | 33 | | |
| | | | | | | | _ | _ | | | | | | |
| | | | | | | | | | | | | | | |
| 2. Beginn | ning Date of | Employme | nt in Missis | ssippi (MM/DI | D/YYYY): | | | | 3. Date A | cquired (M | MM/DD/YYYY): | | | |
| 4. Did voi | u acquire (p | ourchase, in | herit. etc) t | his busines | ss: | Ye | s N | οП | If yes, provide details about the previous owner below. | | | | | |
| | | ness was o | | | | | | <u> </u> | | | er Identification | | | |
| c. Prev | c. Previous Owner's Current Address: d. MDES Employer Account Number (EAN): | | | | | | | | | | | : | | |
| e. Pho | ne: (|) | - | ex | t. | | | | | | | | | |
| f. Doe | s this buisn | ess continu | e to operat | e? | | Yes | No. | | | | | | | |
| 5. Have you ever been registered with the Mississippi Department of Employment Security? Yes No | | | | | | | | | | | | | | |
| a. If Yes, provide previous MDES Employer Account Number (EAN): b. If Yes, provide previous Federal Employer Identification Number (FEIN): | | | | | | | | | | | | | | |
| LAST CALENDAR YEAR 20 | | | | | | | | | | | | | | |
| | | | | S you paid | during each | n calendar o | quarter in t | he Last Cal | endar Year | | | | | |
| | 1st Qua | rter | | 2no | d Quarter | | | 3rd Qua | arter | | 4tl | h Quarter | | |
| | | | | | | | | | | | | | | |
| Each box | represents | a Calenda | r Week. Inc | dicate by Ca | alendar We | ek the num | ber of peo | ple working | for you dur | ing each | week of the l | Last Calend | ar Year. | |
| 1st | 2nd | 3rd | 4th | 5th | 6th | 7th | 8th | 9th | 10th | 11th | 12th | 13th | 14th | |
| | | | | | | | | | | | | | | |
| 15th | 16th | 17th | 18th | 19th | 20th | 21st | 22nd | 23rd | 24th | 25th | 26th | 27th | 28th | |
| | | | | | | | | | | | | | | |
| 29th | 30th | 31st | 32nd | 33rd | 34th | 35th | 36th | 37th | 38th | 39th | 40th | 41st | 42nd | |
| | | | | | | | | | | | | | | |
| 43rd | 44th | 45th | 46th | 47th | 48th | 49th | 50th | 51st | 52nd | 53rd | XX | XX | XX | |
| | | | | | | | | | | | | | | |
| CURRE | NT CAL | ENDAR ` | YFAR 20 | | | | | | | | | | | |
| | | | | | during each | calendar q | uarter in th | ne Current (| Calendar Ye | ear. | | | | |
| Indicate in each space the TOTAL WAGES you paid during each calendar 1st Quarter 2nd Quarter | | | | | 7 | 3rd Quarter 4th Quarter | | | | | | | | |
| | | | | | | | | | | | | | | |
| Each box represents a Calendar Week. Indicate by Calendar Week the number of people working for you during each week of the Current Calendar Year. | | | | | | | | | | | | | | |
| 1st | 2nd | 3rd | 4th | 5th | 6th | 7th | 8th | 9th | 10th | 11th | 12th | 13th | 14th | |
| | | | | | | | | | | | | | | |

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|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| | | | | | | | | | | | | | |
| 29th | 30th | 31st | 32nd | 33rd | 34th | 35th | 36th | 37th | 38th | 39th | 40th | 41st | 42nd |
| | | | | | | | | | | | | | |
| 43rd | 44th | 45th | 46th | 47th | 48th | 49th | 50th | 51st | 52nd | 53rd | xx | XX | XX |
| | | | | | | | | | | | | | |

I hereby certify that all the information contained above is true and correct to the best of my knowledge.

| | | | J | 0 |
|-----------------------|------------|--------|---|---|
| Date (MM/ DD / YYYY): | Firm Name: | | | |
| , , , | | | | |
| | | | | |
| | | | | |
| Signature: | | Title: | | |
| | | | | |
| | | | | |

Mail To: MDES

P.O. Box 22781

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