



**REPORT TO DETERMINE STATUS
 NONPROFIT ORGANIZATION PRIVATE
 PRIMARY, SECONDARY SCHOOLS**

1. Federal No. _____ - _____

Name _____

Address _____

OFFICIAL USE ONLY			
Tennessee ID Number	M. No.	County	Alt Zip
Liab.	Org.	First Employment	Date Liable
Comp Year	NAICS	M-NAICS	VERIFIED
Previous No.	Rate		

Physical Business Location in Tennessee (other than employee residence) if different from above:

Phone _____

Fax _____

Email Address _____

Business Website _____

2. (a) Type of organization: Nonprofit Nonprofit Corporation Institution of Higher Education Hospital
 Private Primary, Secondary School Other _____

(b) List Name and Title of three (3) principal officers or officials:

(1) Name	(2) Name	(3) Name
(1) Title	(2) Title	(3) Title

(c) If a corporation, provide formation information. Date _____ State _____ Control Number _____

3. Name of person responsible for payroll records _____ Phone _____

4. Date your organization first had employees in Tennessee _____

5. Is your organization exempt from Federal Income Taxes under Section 501(c)(3) of the IRS Code? YES NO
 If answer is YES, attach a copy of Certificate of Exemption for Federal Income Tax.

Has your organization employed or does your organization expect to employ four (4) or more individuals in Tennessee for any portion of a day within twenty (20) different weeks in a calendar year? YES NO

If answer is YES, give month and year of the twentieth week of the first year this occurred. MONTH _____ YEAR _____

6. If answer to number 5 is YES, does your organization elect to reimburse the Department of Labor and Workforce Development for benefits paid in lieu of paying premiums? YES NO

If answer is YES, complete Reimbursement Election on page 2 of this form.

Note: Reimbursing employers are liable for all benefits based on wages paid by them including overpayments due to administrative errors or improper employer reporting.

7. Please describe the nature of the services provided by your organization.

Number of employees _____ County in which services are provided _____

THIS REPORT MUST BE SIGNED BY AN AUTHORIZED OFFICIAL.		
DATE	SIGNATURE	TITLE

ELECTION TO BECOME A REIMBURSING EMPLOYER

Federal No. _____ - _____

Date _____

Pursuant to the provisions of Section 50-7-403(h) of the Tennessee Employment Security Law, the undersigned eligible employer elects to reimburse the Tennessee Department of Labor and Workforce Development for all unemployment insurance benefits (including the amount of extended benefits) charged to this legal entity during the effective period of election.

This employer elects to reimburse the Department of Labor and Workforce Development for benefits charged by one of the two methods indicated below:

- 1. The Department shall bill the employer on a monthly basis for the full amount of regular benefits plus one-half of extended benefits paid attributable to service in the employ of the employer. The employer shall make full payment of the billed amount within thirty (30) days from the date the bill was mailed to the employer, unless the employer has filed an application for a review and redetermination of such bill. If an application for a review and redetermination has been filed, the employer must pay the bill in full within fifteen (15) days of the final determination of this issue by the Department of Labor and Workforce Development.

OR

- 2. The employer shall on a quarterly basis pay a percentage of its total payroll for the immediately preceding calendar year. The percentage will be determined by the Department based on the employer's average unemployment benefit cost during the preceding calendar year. The Department will determine the percentage if the employer did not pay wages in the preceding calendar year. At the end of the calendar year, the Department will determine whether the total payments are less than or in excess of benefits chargeable to the employer during the calendar year. If the payments are insufficient, the employer will be billed for the unpaid balance. If the payments are in excess of benefit charges, the Department may, at its discretion, refund all or part of the excess or may retain all or part as payment against charges expected to be incurred in the next calendar year.

This agreement is effective for a minimum of one complete taxable year. Any request to terminate this agreement and become a premium-paying employer must be filed in writing with the administrator of the Employment Security Division within thirty (30) days prior to the end of the then current taxable year. (All taxable years end on June 30th.)

Organization _____

By _____

Title _____