



**REPORT TO DETERMINE STATUS
 APPLICATION FOR EMPLOYER NUMBER**

1. Enter Federal Number, Business Name and Address

Federal Number _____ - _____

Employer Name _____

Trade Name _____

Mailing Address _____

PHYSICAL BUSINESS ADDRESS in Tennessee if different from above:

Business Website: _____

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		

Phone: _____ Fax: _____

Email Address: _____

2. Have you previously had an account with this department? YES NO If YES, Account Number _____

3. Is your organization a Professional Employer Organization (PEO)? YES NO If YES, Tennessee license number _____

Is your organization a client of a Professional Employer Organization (PEO)? YES NO

If YES, STOP Please complete LB-0910, Application for Client Number.

NOTE: If corporation is a nonprofit, exempt from Federal Income Taxes under Section 501(C)(3) of the IRS Code, STOP.
 Please complete LB-0444, Report to Determine Status, Nonprofit Organization.

4. CHECK (X) FORM OF ORGANIZATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> OTHER	5. Name of Owner, Partners, Corporate Officers, Limited Liability Company Members and Managers (If Board Managed), General Partners (Attach separate sheet if necessary.) _____ _____ _____ _____ _____	Social Security Number _____ _____ _____ _____ _____
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NOTE: If a Limited Liability Company, are you treated by IRS as a(n) Individual Proprietorship Partnership or as a Corporation?

6. Name of person responsible for payroll records _____ Phone Number _____

7. A. Number of workers you have employed (will employ) in TN _____ B. Date you first employed (will employ) a worker in TN _____ C. Date you first paid (will pay) a worker in Tennessee _____	D. Are you presently reporting for U.I. purposes in another state? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, which state? _____ E. If a corporation or LLC, provide formation information. Date _____ State _____ Control No. _____
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8. REGULAR BUSINESS EMPLOYMENT (SEPARATE REPORTS MUST BE FILED FOR EACH CALENDAR QUARTER IN WHICH WAGES WERE PAID.)

A. Have you employed or do you expect to employ at least one worker in twenty different calendar weeks during a calendar year? YES NO
 If YES, give earliest month and year the twentieth week occurred (will occur). MONTH _____ YEAR _____

B. Have you had or do you expect to have a quarterly payroll of \$1,500 or more? YES NO
 If YES, give earliest quarter and year this occurred (will occur). QUARTER _____ YEAR _____

9. HOUSEHOLD EMPLOYMENT (SEPARATE REPORTS MUST BE FILED FOR EACH CALENDAR QUARTER IN WHICH WAGES WERE PAID.)

A. Have you had or do you expect to have a \$1,000 quarterly payroll for domestic services? YES NO
 If YES, give earliest quarter and year this occurred (will occur). QUARTER _____ YEAR _____

10. AGRICULTURAL EMPLOYMENT (SEPARATE REPORTS MUST BE FILED FOR EACH CALENDAR QUARTER IN WHICH WAGES WERE PAID.)

A. Have you employed or do you expect to employ at least ten or more workers in some part of a day in twenty different weeks during a calendar year?
 YES NO If YES, give earliest month and year this occurred (will occur). MONTH _____ YEAR _____

B. Have you had or do you expect to have a quarterly payroll of \$20,000 or more? YES NO
 If YES, give earliest quarter and year this occurred (will occur). QUARTER _____ YEAR _____

C. Is all activity performed on a farm? YES NO If NO, what percentage is? _____ Please explain in 13A on page 2.

Must be signed by owner, partner, authorized limited liability company member or manager, or officer of the corporation.

Signature _____ Title _____ Date _____

**PLEASE COMPLETE PAGE 2.
 FAILURE TO DO SO WILL RESULT IN RECEIVING THE HIGHEST PREMIUM RATE ASSIGNABLE.**

11. (A) Name and Address of predecessor employer _____

(B) Account Number of predecessor employer _____ (C) Date of acquisition _____

(D) Did you acquire all of your predecessor's business in Tennessee? YES NO If No, what percentage did you acquire? _____

(E) Did your predecessor continue in business in Tennessee? YES NO

(F) Tennessee Employment Security Law provides for the mandatory transfer of an employer's benefit and premium experience whenever there is any common ownership, management or control between the predecessor and successor employers.

Did any owner or manager of this company have an ownership interest in or participate in the management or control of the business acquired? YES NO

If "YES," please explain: _____
 Per TCA 50-7-403(b)(2)(C)(ii) "Common ownership, management or control" includes any individual who has at least a 10% ownership interest in - or who participates in the management or control of - the predecessor's trade or business and has a relative with a 10% ownership interest in - or who participates in the management or control of - the successor's trade or business.

Does anyone who had a 10% or more ownership interest in the previous company - or who participated in its management or control - have a relative with a 10% or more interest in this company or who participates in its management or control?

YES NO If "YES," please explain: _____

If you are not subject to a mandatory transfer of experience but wish to succeed to the experience of the predecessor employer, Form LB-0483, Application for Transfer of Experience Rating Record, must be submitted by no later than the end of the quarter following the quarter in which the acquisition occurred.

12. Enter below the amount of total payroll for each quarter in which you have had or expect to have employment.

YEAR	JAN-MAR	APR-JUNE	JUL-SEPT	OCT-DEC	YEAR	JAN-MAR	APR-JUNE	JUL-SEPT	OCT-DEC

13. FAILURE TO PROPERLY COMPLETE THIS SECTION WILL RESULT IN RECEIVING THE HIGHEST PREMIUM RATE ASSIGNABLE.

(A) Describe the major business activity of the account to be covered, listing any products manufactured or sold, or service provided.

Be as descriptive as possible. _____

(B) In what Tennessee County is your company located? _____

(If account covers sales reps or other personnel working from home, list county or city of residence.)

(C) Is the primary purpose of the employee(s) covered by this application to **support other locations of your company**? YES NO

If YES, then check the category that best applies. Add comments as necessary. _____

- HEADQUARTERS (e.g., corporate or regional management offices) _____
- ADMINISTRATIVE (e.g., bookkeeping, accounting, payroll, HR, PR) _____
- WAREHOUSING (e.g., storage, distribution, equipment yard) _____
- SALESMAN (indicate product) _____
- INFORMATION TECHNOLOGY (e.g., software publication, programming, systems design, data processing) _____
- OTHER (e.g., repair shop, security office, maintenance, employee recreation facility) _____

(D) Below are some industries that often need additional clarification. This section may not apply to every employer. If you see your industry, please answer the corresponding question(s).

Construction: What type of construction? _____ *Mostly* residential or non-residential?

Property Mgmt.: Does this business manage property for others or for itself? *Mostly* residential or non-residential?

Trucking: Is the main trucking activity local or long distance? *Mostly* truckload or less than truckload?

Empl. Agency: Is this a Temporary Staffing Service or an Employment Placement Agency?

Health Care: Is this a Doctor's Office, Multi-Disciplinary Clinic, Freestanding Urgent Care Center or Other?
 Please specify. _____

Info Tech (IT): Which category best fits your business? Software Publication, Programming, Systems Design, Data Processing

Restaurant: Is the restaurant Full Service, Fast Food, Cafeteria/Buffer, Snack Bar, Other? Please specify. _____

Consulting: What is the primary type of consulting? Administrative, Human Resources, Marketing, Process/Logistics, Environmental, or Other - Please specify. _____

Home Health: Does the care involve skilled nursing? YES NO

Retail: What is the primary product? _____

Wholesale: What is the primary product? _____

Mining: What is the primary product? _____

Convenience Store: Does the store sell gasoline? YES NO

Manufacturing: What is the primary product? _____

INFORMATION FOR COMPLETING STATUS APPLICATION

Enclosed is a Report to Determine Status/Application for Employer Number. The Tennessee Employment Security Law and Regulations requires each employing unit in Tennessee to file this report with the Department of Labor and Workforce Development for the purpose of determining status. If you answer "Yes" to question 7(d) or any one of the questions in items 8, 9 or 10 on the status application, you are liable for unemployment insurance coverage with this department. Please complete and submit the enclosed form as soon as you have paid wages for services performed in Tennessee.

The requirements for liability are:

REGULAR BUSINESS EMPLOYERS

Items 8 A and B on the status application do not pertain to farm or household employees.

Item 8A. During some part of a day in each of twenty calendar weeks of a calendar year, did you employ or do you expect to employ one or more persons? (The weeks need not be consecutive and both full and part-time workers are counted.)

OR

Item 8B. Have you paid or do you expect to pay wages of **\$1,500** or more in any calendar quarter?

HOUSEHOLD EMPLOYERS

Item 9A. Did you have or do you expect to have a calendar quarter in which you paid household employee(s) **\$1,000** or more in cash wages? If so, you are liable for all wages paid during that year and the following calendar year.

AGRICULTURAL EMPLOYERS

Item 10A. During some part of a day in each of twenty weeks of a calendar year did you employ or do you expect to employ ten or more persons? (The weeks need not be consecutive and both full and part-time workers are counted.)

OR

Item 10B. Have you paid or do you expect to pay wages of **\$20,000** or more in any calendar quarter?

Leave the space under Item 1 for Federal Number blank if you have not yet been assigned a FEIN (Federal Employer Identification Number). You will receive a letter asking for this number after we establish your state account. Return the letter with your FEIN when you receive the number from the Internal Revenue Service.

If you are completing quarterly reports and/or the Application for Transfer of Experience Rating (LB-0483), please return them in the same envelope with this application. **DO NOT** write in the box titled **State Account Number** if you are submitting quarterly Premium (LB-0456) and Wage (LB-0851) Reports along with this application. Your new number will be recorded here when assigned.

Anyone who is paid for personal services by a corporation is considered to be an employee of the corporation **even if** that person is an officer and/or owns stock in the corporation.

NOTE: PLEASE BE SURE TO **SIGN** YOUR STATUS APPLICATION at the bottom and include the appropriate information. Also, complete both pages of your Status Application form.

Failure to complete both pages of the application or to provide sufficient information upon which to correctly classify the industry code will result in the highest new employer rate being assigned.

PREMIUM RATE INFORMATION

New employers in Tennessee are initially subject to a “new employer” rate until their account has been subject to premiums and chargeable with benefits for thirty-six consecutive months ending on the computation date (December 31 of each year). They then become eligible, beginning on the next July 1, for a premium rate based on their individual reserve experience.

New employer rates are determined separately for each major industry group based on the combined reserve experience of each industry group as a whole. Presently, all industries, except construction, mining, and manufacturing have a new employer rate of 2.7%. The new employer rates for construction, mining, and manufacturing are listed below.

Rate Year	Construction	Mining and Extraction	Manufacturing		
			Sector 31 ●	Sector 32 ■	Sector 33 ◆
July '11 – June '12	8.6%	6.6%	2.7%	6.6%	9.1%
July '12 – June '13	8.6%	6.1%	2.7%	6.1%	8.6%
July '13 – June '14	7.5%	5.0%	2.7%	5.0%	6.5%
July '14 – June '15	7.0%	5.0%	2.7%	2.7%	5.5%
July '15 – June '16	6.5%	2.7%	2.7%	2.7%	5.0%
July '16 – June '17	6.0%	2.7%	2.7%	2.7%	2.7%
July '17 – June '18	6.0%	2.7%	2.7%	2.7%	2.7%

- NAICS Manufacturing Sector 31 includes food, beverage, and tobacco products, as well as textiles, leather, and apparel products.
- NAICS Manufacturing Sector 32 includes wood products, paper products, printing and related support activities, petroleum and coal products, chemical manufacturing, plastics and rubber products, and nonmetallic mineral products.
- ◆ NAICS Manufacturing Sector 33 includes metal products, machinery, computer and electronic products, electrical equipment, appliances, transportation equipment, and furniture manufacturing.