

Utah Department of Workforce Services

Unemployment Insurance

140 East 300 South P.O. Box 45288 Salt Lake City, UT 84145-0288
(801) 526-9235 option 2 S 1-800-222-2857 option 2 S Fax: (801) 526-9377



NONPROFIT ORGANIZATION

STATUS REPORT & ELECTION OF PAYMENT METHOD

Please Read the Instructions then Complete All Items. Type or Print Legibly.

1. Type of Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____				
2. Business name, DBA and mailing address for UI quarterly reports:		2a. Telephone: ()		3a. Federal Employer ID Number (FEIN):
		2b. Fax: ()		3b. Utah Unemployment Registration Number:
		2c. E-mail:		4. County in Utah where principal activity is located:

6. Mailing address & phone for Wage and Separation Requests (if different from item 2): Telephone # () _____	7. Street address & phone of principal work site in Utah (if different from item 2): Telephone # () _____	8. Mailing address & phone for New-Hire information (if different from item 2): Telephone # () _____
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9. List organization officers names and social security numbers:

Name	SSN	Name	SSN

10. Describe in detail your principal business product and/or service of your Utah operation (see instructions):

11. Has the Internal Revenue Service (IRS) issued to your organization an exemption for Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code?
 YES. Please attach a copy of the exemption letter with this form and give date of the exemption letter: _____
 NO. Please explain why you have received no exemption:

12. During the current, or preceding, calendar year has your organization employed four or more individuals for some portion of a day in each of twenty different weeks?
 YES. Please complete the worksheet on page 3.
 NO. Do you expect to employ four or more individuals in the future? NO. YES: Estimated Date: _____

13. If you are a new business in Utah, show date started:	14. Date of first payment of wages in Utah:
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15. Did you acquire the organization, trade, or business of another operation?
 YES. What is the date of acquisition: _____. Please complete questions 16 through 17d.
 NO. Please skip items 16 to 17d and move to item 18.

16. Please provide the name, address and Unemployment Insurance Employer ID number or FEIN of previous organization:



17. Type of acquisition: **Change of Ownership** **Purchased assets through court**
 Merger or Reorganization **Other: Please explain:** _____
 Sale, Lease or sub-lease

17a. Did you acquire all or a portion of the previous organization? **90% or more**
 Less than 90%

17b. Did you retain all employees of the previous organization? **YES.**
 NO.

17c. Is the previous organization still in business? **YES.**
 NO.

17d. Was the previous organization closed prior to acquisition? **YES. Date closed:** _____
 NO.

18. Enter below the amount of wages you have paid in Utah. If you have not paid wages enter "NONE".

	JAN. 1 to MAR. 31	APR. 1 to JUN. 30	JUL. 1 to SEP. 30	OCT. 1 to DEC. 31
CURRENT YEAR:	\$ _____	\$ _____	\$ _____	\$ _____
PRECEDING YEAR:	\$ _____	\$ _____	\$ _____	\$ _____

19. If you have not paid wages, do you expect to in the future? **YES. Estimated Date:** _____
 NO.

Election of Method of Reporting and Payment

20. This election is available only to nonprofit organizations which have received the exemption for the Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code. If you are subject to the Act and have received the Federal Income Tax exemption, you are a Contributory employer unless you elect to reimburse the Unemployment Insurance Fund.

IMPORTANT *This decision must be made by an individual or individuals with the authority to make financial commitments for the organization. Please read the instructions carefully.*

CHECK ONE BOX:

A. Reimbursement of Unemployment Benefits Paid

This organization elects to reimburse the Unemployment Compensation Fund an amount equal to the amount of any regular benefits and one-half of the extended benefits paid that are attributable to the service performed by former employees of this organization. This election requires the filing of quarterly employment and wage reports.

The initial election of "Reimbursement of Unemployment Benefits Paid" will remain in effect for a minimum of one calendar year. If a change in election of method is desired, submit a written notice not later than thirty (30) days prior to the beginning of the next calendar year. Subsequent elections remain in effect for a minimum of two calendar years. Section 35A-4-309 of the Utah Employment Security Act.

B. Payment of Quarterly Contributions

This organization elects to file quarterly contribution (tax) reports and pay contributions on taxable wages as required by Section 35A-4-302 & 303 of the Utah Employment Security Act.

I certify that the information contained in this report is true and correct

Signature: _____

Print Name & Title: _____

Telephone: _____

Date: _____

Use this worksheet to record the total number of employees employed per week in the appropriate year.



WORKSHEET

Number of Employees			Number of Employees			Number of Employees			Number of Employees		
Week	Current Year	Previous Year	Week	Current Year	Previous Year	Week	Current Year	Previous Year	Week	Current Year	Previous Year
1			14			27			40		
2			15			28			41		
3			16			29			42		
4			17			30			43		
5			18			31			44		
6			19			32			45		
7			20			33			46		
8			21			34			47		
9			22			35			48		
10			23			36			49		
11			24			37			50		
12			25			38			51		
13			26			39			52		

INSTRUCTIONS

Count each individual in employment who worked for some portion of a day in each week regardless of whether they were employed at the same moment of time. Volunteer workers **are not to be included** in the total count for each week.

Instructions

STATUS REPORT AND ELECTION OF METHOD OF PAYMENT NON-PROFIT ORGANIZATIONS



The Utah Employment Security Act provides that the Department of Workforce Services must determine the status of each business and each person independently established in a trade, occupation, or profession. Please complete and return the Status Report to P.O. Box 45288, Salt Lake City, UT 84145-0288 within ten days.

All items must be completed. If an item does not apply to your business, enter "N/A" (Not Applicable).

- Item 1:** Indicate how this business is legally organized. Is it a corporation, an association, etc.?
- Item 2:** Provide the name of the business as it is legally organized and the mailing address for the receipt of Employer Unemployment Insurance Reports and correspondence. If you have more than one trade name or business name, please list the name or names by which your company is best known by the public.
- Item 2a+b:** List the telephone and FAX number for the employer.
- Item 6:** Address and telephone number of the agent or office able to provide wage data, weeks of employment and other information about employees separated from your employment.
- Item 7:** Provide the phone number and physical location (street address, city, state and zip) of the main headquarters/work site in Utah. If there is more than one permanent work site, please attach a separate sheet listing the name, address and telephone number of each site.
- Item 8:** Indicate the phone number and address where New Hire information may be sent (if different than in item 2).
- Item 10:** Please describe in detail the nature of the activities of your organization.
- Item 14:** "Wages" are defined as all remuneration for personal services including commissions, bonuses, wages to corporate officers, tips and the cash value of all remuneration in any medium other than cash (Section 35A-4-208 of the Utah Employment Security Act). This includes money wages whether paid as salary, hourly wages, piece-work or commissions; the cash value of meals, living quarters, merchandise, etc. allowed for all employees including all resident aliens.
- Item 15:** If you acquired (in whole or in part) the business activity previously conducted by another entity, please complete Items 16 through 17d. "Acquired" means to have obtained the use of the business or assets through any legal means. It is not necessary to purchase the assets in order to have acquired them, nor is it necessary for your predecessor to have actually owned the business or assets for you to have acquired the business or assets from him.
- Item 18:** Enter wages paid (see definition in Item 14).
- Item 20:** Until the exemption is received from the IRS, the organization is subject to the Act in the same manner as any other profit-making business. When the income tax exemption is received, a nonprofit organization becomes subject to the Act when it employs 4 or more individuals for some portion of a day in each of 20 different weeks during a calendar year. Complete the table with the number of employees employed in the appropriate weeks on page 3.

This election is available only to nonprofit organizations which have received the exemption from Federal income tax under Section 501(c)(3) of the Internal Revenue Code. If you are subject to the Act and have received the Federal income tax exemption, you may elect a method of payment.

Item A: Selection of this option will require this organization to reimburse the Unemployment Insurance Fund for the actual amount of unemployment paid to your former employees. You will receive a detailed billing each month showing the benefits paid to each individual for the month.

Item B: Selection of this option requires that this organization submit a quarterly contribution (tax) report and pay a quarterly contribution to the Unemployment Insurance Trust Fund. The contribution is calculated by multiplying the taxable wages paid during the quarter by a contribution rate. This rate is initially determined by using an existing rate which prevails for employers in your general business classification. You may qualify for an earned rate January 1 of the year following one fiscal year (July 1 through June 30) in which you have been in business in Utah and had payroll.

If this organization is determined to be subject to the Utah Employment Security Act, the organization will be required to submit a quarterly list of employees showing each individual's social security number, name and quarterly gross earnings. This is required regardless of the election for reimbursable or contributory coverage.

Nonprofit organizations that are exempt from income tax under section 501(c)(3) of the Internal Revenue Code include any community chest, fund, or foundation organized and operated **exclusively** for religious, charitable, scientific, testing for public safety, literary or educational purposes, fostering national or international amateur sports competition, or for the prevention of cruelty to children or animals. These organizations are usually corporations and are exempt from income tax under section 501(a).

If additional information is needed, call:
(801) 526-9235 -option 2 or toll-free 1-800-222-2857 -option 2
or contact:

Utah Department of Workforce Services
Employer Accounts
P.O. Box 45288 / 140 East 300 South
Salt Lake City, UT 84145-0288