

APPLICATION FOR UNEMPLOYMENT INSURANCE
 EMPLOYER RESERVE ACCOUNT
 UI-1 (R. 3/05)

PART I - IDENTIFICATION AND TYPE OF EMPLOYMENT: To be completed by all employers

1. Business Name & Mailing Address: _____
 Legal Entity Name _____
 Business Name _____
 Address _____
 Address _____
 Address _____
 City _____ State _____ Zip Code _____
2. Telephone Number: (____) _____
 Fax Number: (____) _____
 E-Mail: _____
3. Federal Employer Identification Number: _____
4. If you have previously been assigned a Kentucky Employer Identification Number by this Division, enter it here: _____
5. Check type of employment and complete the remainder of the form as indicated:
 New Business Employer - Parts II and III
 Domestic Employer - Parts II and IV
 Agricultural Employer - Parts II and V
 Acquired all or part of an existing business - Parts II and VI
 New 501(c)(3) Non-Profit Employer - Part I Only*
 Governmental Entity - Part I Only*
 * Form UI-1S will be sent to you upon return of this form.
 Resumed Employment - Part II
 Enter Date Employment Resumed _____

PART II - GENERAL INFORMATION

6. Describe MAJOR Business Activity IN KENTUCKY (BE SPECIFIC) (g) Agricultural (Type) _____
 (a) Retail Trade (Product) _____ (h) Wholesale Trade (Product) _____
 (b) Service (Type) _____ (i) Manufacturing (Product) _____
 (c) Construction (Type) _____ (j) Mining (Product) _____
 Residential Non-residential (k) Other (Explain) _____
 (d) Information/Publishing/Broadcasting/Internet _____
 (e) Finance/Insurance/Real Estate (Product) _____
 (f) Transportation/Communication/Utilities (Type) _____
7. Is this establishment primarily engaged in performing services for other units or locations for this company? YES NO
 If "YES", indicate the nature of activity of this establishment:
 (a) Central Administrative Office (c) Storage (warehouse)
 (b) Research, development or testing (d) Other (specify) _____
8. Identification of Owner, Partners (General or Limited), Corporate Officers, Members, etc. (Attach additional sheet if necessary)

| SOCIAL SECURITY # | FIRST NAME | M.I. | LAST NAME | TITLE | TELEPHONE # | RESIDENCE ADDRESS |
|-------------------|------------|------|-----------|-------|-------------|-------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

- 8a. Does this business share substantially common ownership, management or control (including common parent company) with any business currently or previously operating in Kentucky? Yes. If yes, provide name, address and Kentucky Employer ID Number (if known) below. No
9. Name, Mailing Address and Telephone Number of person with payroll records (if different from above): _____
10. Type of Organization: Sole Proprietorship Partnership Corporation LLC* Other
 * LLCs only: Have you elected treatment as an S-corporation for federal tax purposes? YES NO
11. Provide the following information for each establishment or location in Kentucky:
Physical Location of Business in Kentucky (Street, City, Zip Code) If none, provide the worksite or home address of employee in Kentucky. An account cannot be established unless work is performed in Kentucky.
- | | County | No. of Workers |
|--|--------|----------------|
| | | |
| | | |
- Check here if you wish to file a separate wage and tax report for each location.
12. Prior to beginning employment in Kentucky, were you subject in the current or preceding year under the unemployment compensation law of any other state? YES NO If "YES", what State: _____

PART III - NEW BUSINESS EMPLOYMENT (Do not include agricultural or domestic employment.) (INCLUDE CORPORATE OFFICERS.)

13. Do you have a quarterly payroll of at least \$1,500.00? YES NO
 If "YES" in what month and year did this first occur? Month _____ Year _____
14. Do you employ at least one worker in 20 different calendar weeks during a calendar year? YES NO
 If "YES" in what month and year did the 20th week occur? Month _____ Year _____
 If you answered "NO" to both #13 and #14, stop here. File this form only when you meet one of these requirements. If "YES" to either, proceed.
15. Date on which you first employed a worker in Kentucky (month, day, year): _____
16. Date you first paid wages in Kentucky (month, day, year): _____

Signature: _____ I hereby affirm that I am authorized to sign this report on behalf of the indicated employer, and further affirm that the information provided herein is complete and accurate to the best of my knowledge. I understand that I may be subject to the full penalty of the law for knowingly making a false statement. (KRS 341.990)

SIGNATURE

TITLE

DATE

PART IV - DOMESTIC (HOUSEHOLD) EMPLOYMENT (see below if on a farm*)

17. Do you have a **quarterly** domestic (household) payroll of at least \$1,000.00? YES NO
 If yes, in what month and year did this first occur? Month _____ Year _____
If you answered "NO" to #17, stop here. File this form only when you meet this requirement. If you answered "YES," proceed.
18. Date on which you first employed a worker in domestic employment in **Kentucky** (month, day, year): _____
19. Date on which you first paid wages in domestic employment in **Kentucky** (month, day, year): _____

* Domestic employment on a farm is included in agricultural employment if you are liable as an agricultural employer. See Part V below to determine if you are covered.

PART V - AGRICULTURAL EMPLOYMENT (INCLUDE CORPORATE OFFICERS and HOUSEHOLD EMPLOYMENT ON THE FARM)

20. Do you have a **quarterly** agricultural payroll of at least \$20,000.00; or, do you employ at least 10 agricultural workers in 20 different weeks during a calendar year? YES NO
 If yes, in what month and year did this first occur? Month _____ Year _____
If you answered "NO" to #20, stop here. File this form only when you meet one of these requirements. If "YES" to either, proceed.
21. Date on which you first employed a worker in agricultural employment in **Kentucky** (month, day, year): _____
22. Date on which you first paid wages in agricultural employment in **Kentucky** (month, day, year): _____

PART VI - ACQUISITION OF EXISTING BUSINESS - To be completed by the transferring party, and signed by both the transferring and acquiring parties.

23. ENTER DATE OF TRANSFER AND STATUS OF OWNERSHIP PRIOR TO TRANSFER

| | | |
|---|--|---|
| DATE OF TRANSFER | EMPLOYER NO. | FEDERAL NO. |
| Names of Owner/s or Officer/s Phone () | | |
| | TYPE OF OWNERSHIP | REASON FOR CHANGE |
| | Proprietorship <input type="checkbox"/> | Sold..... <input type="checkbox"/> Leased..... <input type="checkbox"/> |
| | Partnership <input type="checkbox"/> | Lease Reverted..... <input type="checkbox"/> Other (Explain)..... <input type="checkbox"/> |
| | Corporation <input type="checkbox"/> | |
| | LLC <input type="checkbox"/> | TYPE OF CHANGE |
| | Other (Explain) <input type="checkbox"/> | Transferred in Entirety (ALL KY OPERATIONS)... <input type="checkbox"/> (Skip to #26 - Both Parties Must Sign) |
| Trade or Business Name & Address | | Transferred in Part..... <input type="checkbox"/> (Complete #24, 25 & 26 - Both Parties Must Sign) |

24. TRANSFERS IN PART ONLY - ENTER EMPLOYMENT DATA FOR TRANSFERRED PORTION & % OF RESERVE ACCOUNT TO BE TRANSFERRED

Predecessor's date of first employment for transferred portion: _____

FOR REGULAR BUSINESS EMPLOYMENT: Did the transferred portion have \$1500 in quarterly payroll or at least one worker in twenty calendar weeks in either the year of the transfer or in the preceding calendar year? YES NO

FOR AGRICULTURAL EMPLOYMENT: Did the transferred portion have \$20,000 in quarterly payroll or at least ten workers in twenty calendar weeks in either the year of the transfer or in the preceding calendar year? YES NO

Portion of prior owner/operator's reserve account to be transferred: _____ %

Percentage of reserve transferred must be based on payroll or number of employees transferred. Please indicate which basis has been used:

| | | | | |
|-----------------------|---|-----------------|---|--------------|
| Transferred Payroll | ÷ | Total Payroll | = | _____ % (or) |
| Transferred Employees | ÷ | Total Employees | = | _____ % |

25. ENTER OWNERSHIP DATA FOR RETAINED PORTION (if different from #23 or if predecessor remains in business after transferring 100 percent of reserve)

| | | |
|--|--|--|
| FEDERAL NO. | <i>Agency Use Only</i> | |
| Name, Address & S.S. # of Owner/s or Officer/s | TYPE OF OWNERSHIP | TRADE OR BUSINESS NAME, ADDRESS & ZIP CODE |
| | Proprietorship <input type="checkbox"/> | |
| | Partnership <input type="checkbox"/> | |
| | Corporation <input type="checkbox"/> | |
| | LLC <input type="checkbox"/> | |
| | Other (Explain) <input type="checkbox"/> | |
| Location of Business in Kentucky (Street, City, Zip Code) | Phone () | Principal Activity Principal Product |

26. BOTH PARTIES MUST SIGN FORM

| | | |
|---|---|------|
| Signature & Title of Transferor or Disposing Employer Shown in Part 1 (Owner or Officer) | Signature & Title of Transferee or Acquiring Employer Shown in Part 2 (Owner or Officer) | Date |
|---|---|------|