



**EMPLOYER STATUS REPORT**

Complete And Return This Form Within 10 days To:  
 Status Department - 5th Floor  
 19 Staniford Street  
 Boston, MA 02114-2589

**PLEASE TYPE OR PRINT CLEARLY IN INK.**

**ALSO COMPLETE REVERSE SIDE.  
 CALL (617) 626-5075 FOR ASSISTANCE.**

**Fax: (617) 727-8221**

**FOR DIVISION USE ONLY**

Emp. No.: \_\_\_\_\_ Subj. Date: \_\_\_\_\_  
 Reason: \_\_\_\_\_ Qtr.: \_\_\_\_\_ 13th Wk.: \_\_\_\_\_  
 No. Employees: \_\_\_\_\_ Area: \_\_\_\_\_ Ind.: \_\_\_\_\_  
 Rate Yr.: \_\_\_\_\_ NAICS: \_\_\_\_\_ Aux: \_\_\_\_\_  
 Org.: \_\_\_\_\_

Deter. By: _____	Workforce Training Yr./Rate		Contribution Yr./Rate	
	Pred. No.: _____	1.		1.
Pred. Date: _____	2.		2.	
Pred. Cd.: _____	3.		3.	
ESR Status: _____	4.		4.	
Leasing Code: _____	5.		5.	
Employer Type: _____				

Name of employing unit: \_\_\_\_\_ Trade name: \_\_\_\_\_

List **ALL** business locations in Massachusetts. If more than one attach a separate sheet.

No.	Street (do not use P.O. box number)	City	State	Zip Code
Mailing address: _____				
No.	St./P.O. box no.	City	State	Zip Code

No.	St./P.O. box no.	City	State	Zip Code
Business phone: _____				
	Area Code	Number		

Address where you keep your payroll records: \_\_\_\_\_

Federal identification no.: \_\_\_\_\_

Owner, partners or officers: (do not use P.O. box numbers)				Are officers compensated for their services?	
Name (Required)	S.S.A. No. (Required)	Home address	Title	Yes	No
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Address where you keep your payroll records: \_\_\_\_\_

Type of organization:  Individual  Partnership  Corporation  Other (specify) \_\_\_\_\_  
 If corporation: date incorporated \_\_\_\_\_ state \_\_\_\_\_

First date of employment in Massachusetts: \_\_\_\_\_

Are you a client of an employee leasing company?  Yes  No

If yes, name of employee leasing company \_\_\_\_\_

Are you liable for federal unemployment tax?  Yes  No 1st date of liability \_\_\_\_\_

Have you previously been subject to the Massachusetts Unemployment Insurance Law?  Yes  No

If yes, give account number \_\_\_\_\_ name \_\_\_\_\_

Do you hold an exemption from federal income taxes as a non-profit organization described under section 501 (c)(3) of the Internal Revenue Code?  
 Yes  No If Yes, please attach a copy of your exemption with this report.

Describe nature of your company's business/industry: \_\_\_\_\_

Specify your principal activity. Name your principal commodity, product or service. \_\_\_\_\_

If your main activity in Massachusetts is to provide support services to other locations of your company, please check appropriate box:

Headquarters  Research  Warehouse  Computer Center  Other (specify) \_\_\_\_\_

Have you undergone any type of organizational change?  Yes  No

You must answer "**yes**" if any of the following apply: You acquired **All** or **Part** of another business or organization operating in MA; you were part of a merger with (or consolidation of) a business operating in MA; you changed your Federal Identification Number; you have had a relationship with or are a "spin-off" of a company registered with MA DUA; you changed organizational structure. This includes any changes from one business type to another (examples include—but not limited to—changes from a sole proprietorship to corporation, LLC, LLP, etc., or from a corporation to a sole proprietor, partnership, LLP Trust, etc).

Name of predecessor: \_\_\_\_\_ Predecessor DUA account number: \_\_\_\_\_

Did you acquire **ALL** or **PART** of the business of the predecessor?  ALL  PART

Acquisition of one of several locations in Massachusetts is considered **PART** of the business.

How acquired?  Purchase  Lease  Franchise  Other (explain) \_\_\_\_\_

Did you acquire the assets of the predecessor's business?  Yes  No If Yes, state: date acquired: \_\_\_\_\_

Describe those assets acquired: \_\_\_\_\_

Describe those assets **NOT** acquired:

Will the predecessor remain in business in Massachusetts?  Yes  No If No, give the date of last payroll: \_\_\_\_\_

If **Yes**, what is present Massachusetts location of predecessor?

No. \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Number of Employees: \_\_\_\_\_

**DOMESTIC EMPLOYERS:**

Did you pay \$1,000 or more in cash remuneration in any calendar quarter during the current or preceding calendar year for domestic services?  Yes  No

**AGRICULTURAL EMPLOYERS:**

Did you pay \$20,000 or more in cash remuneration for agricultural services during any calendar quarter of the current or preceding calendar year?  Yes  No

Did you employ 10 or more individuals on some day in each of 20 calendar weeks, not necessarily consecutive, in either the current or preceding calendar year?  Yes  No

**ALL OTHER EMPLOYERS:**

Did you pay wages of \$1,500 or more in any calendar quarter in either the current or preceding calendar year?  Yes  No

Did you employ one or more individuals on some day in each of 13 weeks, not necessarily consecutive, in either the current or preceding calendar year?  Yes  No

If an "OUT OF STATE" employer, did you have a Massachusetts payroll in excess of \$200?  Yes  No

List below the number of individuals in your employ in Massachusetts within each calendar week. Include full and part time employees, also paid officers if a corporation. An individual proprietor or a partner should not be counted as an employee. Show total Massachusetts payroll for each calendar

RECORD OF MASSACHUSETTS EMPLOYMENT IN CURRENT CALENDAR YEAR						ENTER YEAR _____						
	JANUARY		FEBRUARY		MARCH		APRIL		MAY		JUNE	
Week Ending												
Number Employed												
	JULY		AUGUST		SEPTEMBER		OCTOBER		NOVEMBER		DECEMBER	
Week Ending												
Number Employed												
TOTAL WAGES		1st QTR. \$		2nd QTR. \$		3rd QTR. \$		4th QTR. \$				
RECORD OF MASSACHUSETTS EMPLOYMENT IN PRECEDING CALENDAR YEAR						ENTER YEAR _____						
	JANUARY		FEBRUARY		MARCH		APRIL		MAY		JUNE	
Week Ending												
Number Employed												
	JULY		AUGUST		SEPTEMBER		OCTOBER		NOVEMBER		DECEMBER	
Week Ending												
Number Employed												
TOTAL WAGES		1st QTR. \$		2nd QTR. \$		3rd QTR. \$		4th QTR. \$				
RECORD OF MASSACHUSETTS EMPLOYMENT IN PRECEDING CALENDAR YEAR						ENTER YEAR _____						
	JANUARY		FEBRUARY		MARCH		APRIL		MAY		JUNE	
Week Ending												
Number Employed												
	JULY		AUGUST		SEPTEMBER		OCTOBER		NOVEMBER		DECEMBER	
Week Ending												
Number Employed												
TOTAL WAGES		1st QTR. \$		2nd QTR. \$		3rd QTR. \$		4th QTR. \$				

**PREDECESSOR: I hereby certify that all information submitted by the successor is true in accordance with the transfer.**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
owner, partner or officer

**THIS REPORT MUST BE SIGNED BY THE OWNER, A PARTNER OR CORPORATE OFFICER**

I certify, under penalties of perjury, that all statements made hereon are true to the best of my knowledge and belief.

Name of employing unit: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Title: \_\_\_\_\_