FORM 1 - 2004 EMPLOYER'S REPORT TO DETERMINE LIABILITY

South Dakota Department of Labor
Unemployment Insurance Division
PO Box 4730•Aberdeen SD, 57402-4730•Phone (605)626-2312•Fax (605)626-3347•Website: www.state.sd.us/dol/ui/ui-home.htm

1. Enter your FEIN ___ ___ - ___ ___ ___ ___ ___ ___ ___

2. Phone Number _____
(Area Code)

2a. Fax Number _____
(Area Code)

2b. Name of Contact Person _____

3. E-mail Address

4. OWNERS

Do Not Write in This Box – For Central Office Use Only ☐

Account Number

C – Number		**Employer Liability Begins**		
No. 21a		**Applicable Rate**	**UI**	
			IF	
Liability Code & Date		**Reviewers Initials**		
FR Territory		**Account Code**	**N**	**P**

5. BUSINESS NAME

6. MAILING ADDRESS

7. BUSINESS HEADQUARTERS ADDRESS

8. TYPE OF OWNERSHIP (Check One) 1. Individual ( ) 3. Corporation ( ) 5. LLC ( ) 7. Other ( )
2. Partnership ( ) 4. Association ( ) 6. LLP ( ) Explain:_____

State of Incorporation : Date of Incorporation:

9. IDENTIFICATION OF OWNER, PARTNERS, CORPORATE OFFICERS, MEMBERS, Etc.

Social Security Number	Name	Title	% of Ownership	Address

10. FOR CORPORATIONS ONLY

10a. Are you a non-profit organization as describe in section 501(c) 3 of the IRS Code? Yes ( ) No ( )
If yes, you must submit a copy of the IRS determination letter of your status.

10b. If your business is a corporation, have the officers received any remuneration (including dividends and other disbursements)? Yes ( ) No ( )

11. Have you previously made a report to the Unemployment Insurance Division? Yes ( ) No ( ) If yes enter the account number:

12. If you have or had any individuals performing services for you in South Dakota who you consider to be independent contractors or subcontractors and not your employees, attach a separate sheet of paper listing their name, business name, address, telephone number, type of business activity and FEIN\SS number.

12a. Do you pay any individuals for day labor, casual labor, rent-a-kid or cash? Yes ( ) No ( )

This report is to be completed whether or not you are liable for contributions under the South Dakota Unemployment Insurance Laws. Completion will help determine if you must pay state unemployment insurance taxes. Return this report within **10 days** unless you receive different instructions. If you have no employees only answer questions 1-13b, sign, and return.

Please complete additional questions on back of form and sign.