

REGISTRATION REPORT TO DETERMINE LIABILITY FOR NONPROFIT ORGANIZATIONS

This report is to be completed whether or not you are liable for contributions under the South Dakota Unemployment Insurance Law, and returned to the Division within ten (10) days.

DO NOT WRITE IN THIS SPACE
REGISTRATION NUMBER
C. Employer Liability Begins
No. 21a Applicable Rate:
Reviewer's Initials:
TYPE OF ELECTION:
CONTRIBUTION ( )
REIMBURSEMENT ( )
PERCENTAGE ( )
BOND REQUIRED ( ) YES ( ) NO

Enter your Federal Identification Number: \_\_\_\_\_

1. OWNERSHIP \_\_\_\_\_
BUSINESS NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_
(Mail Address) (City) (State) (Zip Code)
2. MAIL ADDRESS \_\_\_\_\_
BUSINESS HEADQUARTERS ADDRESS \_\_\_\_\_

3. TYPE OF ORGANIZATION: (Check One) 1. Corporation ( ) 2. Association ( ) 3. Other ( ) Explain \_\_\_\_\_
IF A CORPORATION, complete the following questions:
State of Incorporation \_\_\_\_\_ Date of Incorporation \_\_\_\_\_ Date Qualified in S.D. \_\_\_\_\_
Name of Statutory Agent \_\_\_\_\_ Address \_\_\_\_\_

4. IDENTIFICATION OF PRINCIPAL ADMINISTRATIVE OFFICERS

Table with 4 columns: SOCIAL SECURITY NUMBER, NAME (Given name must be shown in full), TITLE, RESIDENCE ADDRESS

5. WORK LOCATIONS (List Additional Locations in Comment Section)

NATURE OF BUSINESS

Table with 3 columns: City, County, Primary Activity, Principal Product/Service

6. WEEKLY RECORD OF EMPLOYMENT: Enter the number of individuals performing services for you in the day in which you employed the largest number within each calendar week ending at midnight Saturday (For instructions of completion of item 8, see reverse)

Table with 7 columns: WEEKS IN, JANUARY, FEBRUARY, MARCH, APRIL, MAY, JUNE, JULY, AUGUST, SEPTEMBER, OCTOBER, NOVEMBER, DECEMBER

7. SHOULD OUR EMPLOYING UNIT BE AN EMPLOYER, WE HEREBY ELECT THE FOLLOWING METHOD OF PAYMENT: (Check one) (See Reverse for information on elections.)

- ( ) TO PAY CONTRIBUTIONS AS AN EMPLOYER AS PROVIDED IN CHAPTER 61-5 SDCL.
( ) ELECT REIMBURSEMENT OF BENEFITS IN LIEU OF CONTRIBUTIONS AS PROVIDED IN CHAPTER 61-5A-6 SDCL.
( ) PERIODIC BILLING FOR PAYMENT IN LIEU OF CONTRIBUTIONS BASED ON PAYROLL AS PROVIDED IN CHAPTER 61-5A-28 SDCL.

8. SIGNATURES: THIS REPORT MUST BE SIGNED BY AN ELECTED OFFICER OF THE ORGANIZATION, A PRINCIPAL ADMINISTRATIVE OFFICER, OR A RESPONSIBLE AND DULY AUTHORIZED MEMBER HAVING KNOWLEDGE OF THE ORGANIZATION.

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DATE \_\_\_\_\_ BY (SIGNATURE) \_\_\_\_\_ TITLE \_\_\_\_\_

