



STATE OF ALABAMA  
DEPARTMENT OF LABOR  
UNEMPLOYMENT COMPENSATION DIVISION  
649 MONROE STREET  
MONTGOMERY, ALABAMA 36131  
STATUS UNIT: (334) 954-4730 FAX: (334) 954-4731  
[www.labor.alabama.gov](http://www.labor.alabama.gov)

APPLICATION TO DETERMINE LIABILITY

IMPORTANT NOTICE

Under Alabama law you are required to furnish the information requested on this application. Each false statement or refusal to furnish information on this report, or willful refusal to make contributions or other payments is punishable by fine or imprisonment, or both, and each day of such refusal shall constitute a separate offense.

EMPLOYER NAME AND MAILING ADDRESS

FEDERAL EMPLOYER I.D. NUMBER (FEIN)

This number is assigned by the Internal Revenue Service

1. Mark (x) one type of employment. A separate form must be filed for each type of employment.

**NON-FARM                      AGRICULTURE                      DOMESTIC                      GOVERNMENT:    STATE                      LOCAL**

2. Do you have a previous Alabama Unemployment Compensation Account? **YES    NO**    2a. If yes, account number: \_\_\_\_\_

3. Do you have employees located in another state? **YES    NO**    3a. If yes, in what state(s)? \_\_\_\_\_

4. Is your firm subject to the Federal Unemployment Tax Act (FUTA)? **YES    NO**    4a. If yes, year liability first incurred: \_\_\_\_\_

4b. Have you remained liable since that date? **YES    NO**

5. Did you start a new business? **YES    NO**    5a. If no, did you acquire an ongoing business? **YES    NO**

5b. Date Alabama employment began: \_\_\_\_\_    5c. Date payroll began: \_\_\_\_\_

6. If you acquired **ALL** or **PART** of an ongoing business, enter the NAME, TRADE TITLE and ADDRESS of your predecessor employer:

6a. Predecessor's telephone number (if known): \_\_\_\_\_    6b. Predecessor FEIN (if known): \_\_\_\_\_

6c. If your predecessor was liable in Alabama, enter their Alabama Unemployment Account Number (if known): \_\_\_\_\_

6d. Date acquired from predecessor: \_\_\_\_\_    6e. Did your predecessor discontinue business? **YES    NO**

6f. If yes, date discontinued: \_\_\_\_\_

7. List below **TOTAL ALABAMA WAGES** paid to all employees during each calendar quarter of each year from the date in Item 5b. Include remuneration paid to officers of corporations and wages of part-time employees for current year and previous year, if applicable.

	JAN-FEB-MAR	APR-MAY-JUN	JUL-AUG-SEP	OCT-NOV-DEC
CURRENT YEAR:				
PREVIOUS YEAR:				

8. List below, by type of employment, the number of individuals in your employ within each week. A month with five Saturdays is considered to have five weeks of employment. Include all part-time employees and officers remunerated by corporations.

	WEEK	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Current Year  _____	1st												
	2nd												
	3rd												
	4th												
	5th												
Previous Year  _____	1st												
	2nd												
	3rd												
	4th												
	5th												

9. ITEM 9 MUST BE COMPLETED IN ITS ENTIRETY. Use the enclosed instruction sheet for Item 9 to complete Columns 1-5; refer questions to LMI at 334-242-8873. Please Be Specific. List each location and type of operation or activity separately. (Attach additional sheets if necessary.)

Column 1		Column 2	Column 3	Column 4	Column 5
Name	Location				
Name and location -- Each unit in Alabama Enter "Statewide" if no permanent location		Alabama County	Employee count per unit	Indicate specific type of activity in detail See Instructions Sheet for Assistance	Enter Percent
					%
					%
					%
					%

9a. Is the above work site primarily engaged in performing support or services for other work sites of the company? **YES** **NO**

9b. To whom are most of your products sold? **GENERAL PUBLIC** **CONSTRUCTION CONTRACTORS** **RETAILERS**  
**WHOLESALEERS** **OTHERS** (Specify) \_\_\_\_\_

10. Form of organization: **INDIVIDUAL** **PARTNERSHIP** **CORPORATION** **ASSOCIATION** **ESTATE OR TRUST** **LLC** (see 10a.)  
**NON-PROFIT ORGANIZATION** (see 10b.) **OTHER** (Specify) \_\_\_\_\_

10a. Indicate tax filing status with IRS (include all members and their social security numbers or Federal Identification numbers in Item 11)  
**CORPORATION** **PARTNERSHIP** **SOLE PROPRIETOR** **DISREGARDED ENTITY**

10b. Is the organization exempt under 501(c)(3) of the IRS Code? **YES** **NO** (If yes, submit a copy of the 501(c)(3) letter of exemption.)

11. For positive identification, list below the full name(s), social security number(s) and title(s) of individual owner, partners or officers.

Name	Social Security Number	Title

12. If not otherwise subject, do you wish to voluntarily elect coverage under the Alabama Law? **YES** **NO**

13. Name and business location/physical address:

13a. Tax Preparer/CPA/Accountant:

\_\_\_\_\_  
Name of Applicant, Employer, Corporation, Partnership, Trust, etc.

\_\_\_\_\_  
Name of Tax Preparer/CPA/Accountant

\_\_\_\_\_  
Trade Name or Division (if different from above)

\_\_\_\_\_  
Trade Name or Division (if different from above)

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City County State Zip

\_\_\_\_\_  
City County State Zip

\_\_\_\_\_  
Area Code – Telephone Area Code – Facsimile

\_\_\_\_\_  
Area Code – Telephone Area Code – Facsimile

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

I certify the information provided on this application is true and correct to the best of my knowledge.

14. Business Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: IF CPA, TAX PREPARER, ETC., IS ONLY SIGNATURE, PLEASE ENCLOSE POWER OF ATTORNEY.