

STATE OF ALABAMA DEPARTMENT OF INDUSTRIAL RELATIONS UNEMPLOYMENT COMPENSATION DIVISION 649 MONROE STREET

MONTGOMERY, ALABAMA 36131 STATUS UNIT: (334) 242-8830 FAX: (334) 242-2067

www.dir.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.

<u>E</u>	MPLOYER	NAME A	ND MAILI	NG ADDRE	ESS	-							
I						ı			FEDER	RAL EMPI	LOYER I.D	. NUMBE	ER (FEIN)
											1 1		
									This mum	-hii	mad by the I	atamal Day	mua Camria
									Tills liuli	ilder is assig	ned by the I	memai Keve	enue Servic
• 1. Mark (X) one typ	e of empl	ovment	A separat	e form mi	- ust be file	d for each	type of e	mplovme	nt			
	FARM		•	LTURE			TIC	• •			STATE	□ LO	CAL [
2. Do you	have a prev	ious Alaba	ıma Unem _l	ployment C	Compensati	on Accour	nt? YES	□ NO □	2a. If	yes, accour	nt number:		
	have emplo												
	firm subject						YES 🗆 I	NO 🗆 4	la. If yes	, year liab	ility was fi	rst incurre	d:
	lave you rer									. TIE		_	
	ı start a new ate Alabam									s? YES	o ⊔ NO	П	
	acquired \mathbf{A}									ITLE and	ADDRESS	S of your	predecesso
-	-				_	_							-
		::											
	ate acquire												□ NO [
6f. If	yes, date d	iscontinue	d:										
	ow TOTA l ration paid t												b. Includ
remune	ration paid		_	uions and v				-	_	-			T.C.
		JAN-FE	B-MAK		APK-M	IAY-JUNE		JULY	-AUG-SEP	T		CT-NOV-D	EC
CURRENT YEAR	\$			\$	\$			\$			\$		
	_				┥┝────┤├──								
PREVIOUS YEAR	\$			\$				\$			\$		
	ow, by type									th with fiv	e Saturdays	s is conside	ered to hav
five wee	eks of empl	oyment. I	nclude all	part-time e	mployees	and officer	s remunera	ted by cor	porations.	1			
	WEEK	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	ОСТ	NOV	DEC
Current Year:	1st												
	2nd												
	3rd												
	4th												
	5th												
	WEEK	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
	1st												
Previous	2nd												
Year:	3rd												

IMPORTANT: Please complete this application, Questions 1-14.

4th 5th

Column 1	Column 2	Column 3		Column 4	Column 5
Name and location – Each unit in Alabama. Enter "Statewide" if no permanent Location	Alabama County	Employee Count Per Unit		cific type of activity in detail ctions Sheet For Assistance	Enter Percentag
					,
 9a. Is the above work site primarily engaged in per 9b. To whom are most of your products sold? GI WHOLESALERS □ OTHERS □ (Spec 	ENERAL P				□ NO TAILERS
Form of Organization: INDIVIDUAL ESTATE OR TRUST (Specify):	0a.)		IT ORGANI		OR OTH
10a. Indicate tax filing status with IRS (include all CORPORATION ☐ PARTNERSHI 10b. Is the organization exempt under 501 (c)(3) of the control of the contr	P 🗆 🤉	SOLE PROPI	RIETOR	DISREGARDED E	NTITY
For positive identification, list below the full name(s), social secu	rity number(s), and	d title(s) of indiv	idual owner, partners or officer	s.
Name		Social Security N	Number	Title	
If not otherwise subject, do you wish to voluntarily e	lect coverage	e under the Alaban	na Law? YES		
	icet coverage	under the muoun	na Baw. I Do		
		130 Te	v Proporor/CD	\/Accountant.	
Name and business location/physical address:		13a. Ta	ax Preparer/CP	A/Accountant:	
	Trust, etc.	_ _		A/Accountant: er/CPA/Accountant	
Name and business location/physical address:	Trust, etc.	Na	ame of Tax Prepar		
Name and business location/physical address: Name of Applicant, Employer, Corporation, Partnership,	. Trust, etc.		ame of Tax Prepar	er/CPA/Accountant	
Name and business location/physical address: Name of Applicant, Employer, Corporation, Partnership. Trade Name or Division (if different from above)	Trust, etc.		ame of Tax Preparade Name or Divisi	er/CPA/Accountant	Zip
Name and business location/physical address: Name of Applicant, Employer, Corporation, Partnership. Trade Name or Division (if different from above) Physical Address	Zip	Na Tra Ad	ame of Tax Preparade Name or Divisi	rer/CPA/Accountant on (if different from above) County State	
Name and business location/physical address: Name of Applicant, Employer, Corporation, Partnership. Trade Name or Division (if different from above) Physical Address City County State Area Code - Telephone Area Code -	Zip	Na Tra Add Cit	ame of Tax Preparade Name or Divisi	rer/CPA/Accountant on (if different from above) County State Area Code -	

9. ITEM 9 MUST BE COMPLETED IN ITS ENTIRETY. Use the enclosed instruction sheet for Item 9 to complete Columns 1-5, refer questions