**UC 201-B**  **EMPLOYER’S INITIAL STATEMENT**

**Rev. 5-08** **WORKFORCE WEST VIRGINIA**

## UNEMPLOYMENT COMPENSATION DIVISION

# Required by Article 10, Section 11 of the West Virginia Unemployment Compensation Law

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| DO NOT WRITE IN THIS SECTION | | | | | | | |
| **Effective Date:** | | | |  | | | |
| **Liable Date:** | | | |  | | | |
| **Provision:** | | | |  | | | |
| **Decision By:** | | |  | | | **Date:** |  |
| **Fed ID No:** | |  | | | | | |
| **State ID No:** | |  | | | | | |
| **Rate:** |  | | | | **Merit Year:** | |  |

|  |  |
| --- | --- |
| RETURN ORIGINAL WITHIN TEN DAYS |  |

|  |  |  |
| --- | --- | --- |
| 1. Name(s) |  | Telephone Number |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | |  | | | |  |
| DBA | |  | | | |  |
| Business Address and Zip Code | | |  | | | |
|  | | | | | | |
| Mailing Address and Zip Code | | | | | | |
| E-mail Address | | | | | | |
| County |  | | | Federal Number |  | |
|  | | | |  | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2. Physical location of business (be specific): | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Name, street address, telephone number, and person to contact where payroll records are maintained: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. (a) Check (X) form of organization: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | Individual | | | | | |  | Partnership | | | | | |  | | | Domestic Only | | | | | | | | | | | | | |  | | Agricultural Only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | LLC If you are an LLC, do you file with the IRS as a corporation? Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | No | | | | | |  | |  | | | | | | | | | | |
|  | | |  | | Corporation | | | | | |  | | | | State of Incorporation | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | Date of Incorporation | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | Governmental Entity, Political Subdivision or Instrumentality | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Taxable | | | | | | | | | |  | | | Reimbursable | | | | | | | | | | | | | |
|  | | |  | | Nonprofit organization exempt from income tax under IRS Code Section 501(C) (3) ONLY. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attach copy of U.S. Treasury letter giving this exemption. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | **Taxable** | | | | | | | |  | Reimbursable | | | | | | | | | | | | | | | | | |
| (b) List Name, Social Security Number and Resident Address of Proprietor; all Partners, LLC members or Officers of the Corporation. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name and Title** | | | | | | | | | | | | | | | | | | **Social Security Number (Required)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Resident Address (Required)** | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Nature of Business: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | WV Location: | | | | | | |  | | | | | | | | | | | |
| 6. If you have been assigned an Employer Account Number by this Division, please enter the number here: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 7. Date you began operation in West Virginia: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ Date first wages paid in West Virginia: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_Business/assets/employees acquired from another employer? Yes No If Yes, enter date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_Give name address and zip code of predecessor; also, federal reporting and State U.I. numbers (if known) Federal Number State UI Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Have you ever or do you expect to employ at least ONE worker in 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| different calendar weeks during a calendar year? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | No | | | |  | | Yes Month | | | | | | | |  | | | | | | | | | | Year | | |  | |
| If Yes, in what earliest month and year will the 20th week occur? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Have you or do you expect to have a quarterly payroll of $1,500? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If Yes, in what earliest quarter and year will the payroll occur? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | No | | | |  | | Yes Quarter | | | | | | | |  | | | | | |  | | | | Year | | |  | |
| 10. Have you or do you expect to employ in any calendar year, 10 or | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| more agricultural workers in 20 different calendar weeks? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | No | | | |  | | Yes Month | | | | | | | |  | | | | | | | | | | Year | | |  | |
| If Yes, in what earliest month and year will the 20th week occur? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Have you or do you expect to have a $20,000 quarterly payroll of | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| agricultural workers in any year? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | No | | | |  | | Yes Quarter | | | | | | | |  | | | | | | | | | | Year | | |  | |
| If Yes, in what earliest quarter and year will the payroll occur? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Have you or do you expect to have a $1,000 quarterly payroll of | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| domestic ( housekeepers, babysitters, etc) workers in any year? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | No | | | |  | | Yes Quarter | | | | | | | |  | | | | | | | | | | Year | | |  | |
| If Yes, in what earliest quarter and year will the payroll occur? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. If you are a nonprofit organization with a 501 (c)(3) exemption, have  you or do you expect to employ four or more workers in 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| different calendar weeks during a calendar year? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | No | | | |  | | Yes Month | | | | | | | |  | | | | | | | | | | Year | | |  | |
| If Yes, in what earliest month and year will the 20th week occur? P**lease furnish a copy of exemption letter**. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. Are you liable for the Federal Unemployment Tax? | | | | | | | | | | | | | | | | | | | | | | | |  | | Yes | | |  | | | No If Yes, in what year did you become liable? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| In what states? | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. State the number of Individuals working in West Virginia: | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | In other states: | | | | | | | |  | | | | | | | | | |  | | | |
| 16. Enter the greatest number of employees you had in any one day in the calendar week. Include part-time and extra workers as well as your regular employees. Partners of a partnership are not employees. An individual proprietor of a proprietorship is not an employee. OFFICER’S SALARIES ARE REPORTABLE. Wages of the members of a limited liability company are reportable if the LLC files with the IRS as a corporation but are not reportable if the LLC files with the IRS as a partnership. (Work performed in the employ of a son, daughter, or spouse, or work performed by a child under 18 in the employ of his mother or father, is excluded from the definition of employment.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOR CALENDAR YEAR \_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | FOR CALENDAR YEAR \_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CALENDAR WEEKS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **CALENDAR WEEKS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1ST | | 2ND | | | 3RD | | 4TH | | 5TH | |  | 1ST | | | 2ND | | | | | 3RD | | | | 4TH | | | 5TH | | | | |  | | | 1ST | | | 2ND | | | | 3RD | | 4TH | | | | 5TH | |  | | | 1ST | | | | | 2ND | | | | 3RD | | | 4TH | | 5TH |
| JAN |  | |  | | |  | |  | |  | | JUL |  | | |  | | | | |  | | | |  | | |  | | | | | JAN | | |  | | |  | | | |  | |  | | | |  | | JUL | | |  | | | | |  | | | |  | | |  | |  |
| FEB |  | |  | | |  | |  | |  | | AUG |  | | |  | | | | |  | | | |  | | |  | | | | | FEB | | |  | | |  | | | |  | |  | | | |  | | AUG | | |  | | | | |  | | | |  | | |  | |  |
| MAR |  | |  | | |  | |  | |  | | SEP |  | | |  | | | | |  | | | |  | | |  | | | | | MAR | | |  | | |  | | | |  | |  | | | |  | | SEP | | |  | | | | |  | | | |  | | |  | |  |
| APR |  | |  | | |  | |  | |  | | OCT |  | | |  | | | | |  | | | |  | | |  | | | | | APR | | |  | | |  | | | |  | |  | | | |  | | OCT | | |  | | | | |  | | | |  | | |  | |  |
| MAY |  | |  | | |  | |  | |  | | NOV |  | | |  | | | | |  | | | |  | | |  | | | | | MAY | | |  | | |  | | | |  | |  | | | |  | | NOV | | |  | | | | |  | | | |  | | |  | |  |
| JUN |  | |  | | |  | |  | |  | | DEC |  | | |  | | | | |  | | | |  | | |  | | | | | JUN | | |  | | |  | | | |  | |  | | | |  | | DEC | | |  | | | | |  | | | |  | | |  | |  |
| 17. Show quarterly and yearly wages if one or more individuals are employed for any part of a day. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **WEST VIRGINIA**  **PAYROLLS** | | | | | | | | **CALENDAR QUARTER**  **ENDING MARCH 31** | | | | | | | | **CALENDAR QUARTER**  **ENDING JUNE 30** | | | | | | | | | | | | | | | | | **CALENDAR QUARTER**  **ENDING SEPT. 30** | | | | | | | | | | | | | **CALDENDAR QUARTER**  **ENDING DEC 31** | | | | | | | | | | | | | | | **TOTAL FOR YEAR** | | | | | | | |
| **PRECEDING YEAR**  **\_\_\_\_\_\_\_\_** | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | |
| **CURRENT YEAR**  **\_\_\_\_\_\_\_\_** | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | |
| If you have not started business, check here | | | | | | | | | | | | | | | | | | |  | | | **Give estimated start date** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Sign on line 18. | | | | | | |
| 18. CERTIFICATION: This report must be signed by owner if business is operated as an individual proprietorship; by an authorized partner  if business is operated as a partnership or joint venture; by an authorized member of an LLC; by an authorized officer of an incorporated  business. **Signatures of any other party will not be accepted unless this form is accompanied by a valid power of attorney.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | | | |  | | | | | | | | | | Signature | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Title | | | |  | | | | | | | | | | | |
| Date | | | |  | | | | | | | | | | Signature | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Title | | | |  | | | | | | | | | | | |
| Date | | | |  | | | | | | | | | | Signature | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Title | | | |  | | | | | | | | | | | |
| Date | | | |  | | | | | | | | | | Signature | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Title | | | |  | | | | | | | | | | | |
|  | | | |  | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | **GENERAL INSTRUCTIONS** | | | | | | | | | | | | | | | | | |
| Item 1. Enter the name, business address, mailing address if different than the business address, telephone number and federal  employer identification number (FEIN) of your business. If you do not have a FEIN, contact the Internal Revenue Service  at 1-800-829-4933 or at [www.irs.gov](http://www.irs.gov). Also, enter the West Virginia county where your business is located.  Item 2. Enter the physical location of business if different than your business and/or mailing address.  Item 3. Enter the name, address and telephone number of the individual you wish to be contacted concerning your payroll records.  Item 4(a). Choose your appropriate form of organization.  Item 4(b). Enter thename, title, social security number and resident address of the owner of a sole proprietorship, each partner of a  Partnership, each member of a LLC or each officer of a corporation.  Item 5. Enter the nature of your business and the city in West Virginia where your business is located.  Item 6. Enter your West Virginia Unemployment Compensation account number if one has been issued.  Item 7. Enter the date you began having employees in West Virginia and the date first wages were paid in West Virginia. Please  furnish the month, day and year. If you acquired any assets from another business, please furnish the date of acquisition  along with the name, address and account number of the predecessor.  Items 8-13 Enter the month, year and quarter for provisions applying to your business type.  Item 14. Enter the year you became liable for Federal Unemployment tax and in which state this occurred.  Item 15. Enter the number of individuals working in West Virginia and the number of individuals working in other states.  Item 16. Enter the number of employees by week. Include only employees working in West Virginia.  Item 17. Enter the amount of quarterly and yearly wages in the current and preceding year or the estimated start date if you have  not started your business.  Item 18. Affix only proper signatures in order for application to be processed.    Please return completed form by mail or fax: Status Determination Unit  P. O. Box 106  Charleston, West Virginia 25321  Fax number: 304-558-1324  Phone number: 304-558-2677 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |