

## New York State Employer Registration for Unemployment Insurance, Withholding, and Wage Reporting

You may apply online at [www.labor.ny.gov](http://www.labor.ny.gov).

For office use only:  
U.I. Employer Registration No.

Return completed form (type or print in ink) to the  
address above, or fax to (518) 485-8010, or complete  
the online registration at [www.labor.ny.gov](http://www.labor.ny.gov)

**Need Help? Call 1-888-899-8810**

**Do Not use this form to register a Nonprofit IRC 501 (c) (3), Agricultural, Governmental Employer, or Indian Tribe.**  
Call 1-888-899-8810 to request applicable form or visit [www.labor.ny.gov](http://www.labor.ny.gov).

### Part A – Employer Information

- Type (check one):  Business (complete parts A, B, D, and E)  
 Household Employer of Domestic Services (complete A, C, D, and E-1)
- Legal entity (check one – do not complete if household employer):  
 Corporation (includes Sub-Chapter S)  Limited Liability Company (LLC)  Limited Liability Partnership (LLP)  
 Sole Proprietorship  Partnership  Other (please describe): \_\_\_\_\_
- FEIN (Federal Employer Identification Number):   -
- Phone no.: ()  -  5. Fax no.: ()  -
- Legal name of business: \_\_\_\_\_
- Trade name (doing business as), if any: \_\_\_\_\_
- Business e-mail: \_\_\_\_\_ 9. Website: \_\_\_\_\_

### Part B – Business Employer

- Enter date of **first** operations in New York State: // (mm/dd/yyyy)
- Enter the date of the **first** payroll from which you withheld or will withhold NYS Income Tax from your employees' pay: // (mm/dd/yyyy)
- a. Indicate the first calendar quarter and enter the year you paid (or expect to pay) total remuneration of **\$300** or more. (Remuneration is every form of compensation, including payments to employees or to corporate and Sub-Chapter S officers for services.)  
 Jan 1 – Mar 31 (1st)  Apr 1 – Jun 30 (2nd)  Jul 1 – Sep 30 (3rd)  Oct 1 – Dec 31 (4th) Year
- b. Are you registering to remit withholding tax **only**?  Yes  No
4. Total number of employees: \_\_\_\_\_
5. Do persons work for you, whom you do not consider employees?  Yes\*  No  
\* If Yes, explain the services performed and the reason you do not consider these persons employees.



**Part E – Business Information**

1. Complete the following for **sole proprietor (owner), household employer of domestic services, all partners, including partners of LP, LLP or RLLP, all members of LLC or PLLC, and corporate officers (President, Vice President, etc.)**, whether or not remuneration is received or services are performed in New York State.

Name	Social Security Number	Title	Residence Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Please enter the number of physical locations at which your company operates: \_\_\_\_\_. You **MUST** list the physical address and answer questions A through E below, for each location. Use a separate sheet of paper for each.

a. Location: \_\_\_\_\_  
 Number and Street                      City or Town                      County                      Zip Code

b. Approximately how many persons do you employ there? \_\_\_\_\_

c. Check the principal activity at the above location:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Manufacturing                 | <input type="checkbox"/> Transportation             | <input type="checkbox"/> Scientific/professional & technical services |
| <input type="checkbox"/> Wholesale trade               | <input type="checkbox"/> Computer services          | <input type="checkbox"/> Finance & insurance                          |
| <input type="checkbox"/> Retail trade                  | <input type="checkbox"/> Educational services       | <input type="checkbox"/> Arts, entertainment & recreation             |
| <input type="checkbox"/> Construction                  | <input type="checkbox"/> Health & social assistance | <input type="checkbox"/> Food service, drinking & accommodations      |
| <input type="checkbox"/> Warehousing                   | <input type="checkbox"/> Real estate                | <input type="checkbox"/> Corporate, subsidiary managing office        |
| <input type="checkbox"/> Other (Please specify): _____ |   |   |

d. If you are primarily engaged in manufacturing, complete the following:

Principal Products Produced	Percent of Total Sales Value	Principal Raw Materials Used
_____	_____	_____

e. If your principal activity is not manufacturing, indicate products sold or services rendered:

Type of Establishment	Principal Product Sold or Service Rendered	Percent of Total Revenue
_____	_____	_____

I affirm that I have read the above questions and that the answers provided are true to the best of my knowledge and belief.

**X** \_\_\_\_\_ //  
 Signature of Officer, Partner, Proprietor, Member or Individual (mm/dd/yyyy)

\_\_\_\_\_ Phone no.: () -   
 Official Position

\* Refer to NYS – 100 I for instructions.