

Arizona Department of Economic Security
Unemployment Insurance Tax**Employer Registration Request**

Account Number:

Date:

We have received your Unemployment Tax and Wage Report indicating you paid Arizona Wages. In order to determine your liability for Unemployment Insurance (UI) Taxes we need your completed Arizona UI Tax application to assign an account number and/or to determine the tax rate for your quarterly payroll reporting and tax payments.

If you are a new business and have not previously registered for an Arizona Employer Withholding Tax account, you must register with the Department of Revenue online at www.aztaxes.gov within ten (10) days of the postmark date.

Note: Registering online enables you to register for Transaction Privilege Tax, Use Tax, and Withholding and Unemployment Insurance.

Only complete this form if you have previously:

- registered with the Department of Revenue for only an Arizona Withholding Tax account; or
- had an Arizona Unemployment Insurance Employer Tax account.

This will ensure that your Arizona UI Tax rate is correct and that you can qualify for state tax credits that substantially reduce your Federal UI Tax rate.

Submit your completed application by mail to:

Arizona Department of Economic Security
Unemployment Insurance Tax Status Unit
PO Box 6028
Phoenix, Arizona 85005
or
Fax to (602)532-5539

Arizona Unemployment Insurance Tax

For information on Unemployment Insurance, go online to www.azuitax.gov.

Legal Business Name <i>(Name of Sole Proprietor, Partners, Corporation, LLC, etc.)</i>			Type of Ownership Individual / Sole Proprietor Partnership Limited Liability Partnership Corporation (State _____ and date _____ of Inc) Limited Liability Co. IRS Tax Filing Status Sole Proprietor Partnership Sub Chapter S-Corp Association Trust Estate Joint Venture Receivership Government		
Business Name <i>(Trade / Doing Business As / DBA Name)</i>			IRS Tax Filing Status Sole Proprietor Partnership Sub Chapter S-Corp Association Trust Estate Joint Venture Receivership Government		
Federal Employer Identification No. (EIN)	Business Telephone No.				
Business Mailing Address			IRS Tax Filing Status Sole Proprietor Partnership Sub Chapter S-Corp Association Trust Estate Joint Venture Receivership Government		
City	State	ZIP Code			
E-Mail Address	Fax No.		Are you liable for Federal Unemployment Tax? Yes No If yes, indicate first year of liability:		
Physical address where work is performed in Arizona <i>(Attach more sheets for additional locations).</i>					
City	State	ZIP Code	First calendar quarter Arizona employees were / will be hired and paid (indicate quarter as 1, 2, 3 or 4): Hired: Year Quarter Paid: Year Quarter		
Legal/Business Name for Off Site Payroll Service, Accountant or Bookkeeper					
Contact Person at the Off Site Payroll Service, Accountant or Bookkeeper Telephone No.			When did / will you first reach the 20th week of employing 1 or more individuals for some portion of a day in each of 20 different weeks in the same calendar year? Exceptions: 10 or more individuals Agricultural; 4 or more individuals 501(c)(3) Non-Profit; not applicable to Domestic/Household. Year Quarter (indicate as 1, 2, 3 or 4)		
Mailing Address of the Off Site Payroll Service, Accountant or Bookkeeper					
City	State	ZIP Code	Description of Business <i>(Must include type of merchandise sold or produced, or type of employment.)</i>		
Description of Business <i>(Must include type of merchandise sold or produced, or type of employment.)</i>					
Are individuals performing services that are excluded from Federal or State Unemployment or Withholding Tax? Yes No If yes, describe the services:					

Did you acquire all or part of the Arizona business operations of an existing business? Yes No If yes, did you acquire all or part? All Part	Date of Acquisition	EIN of Business Under Previous Owner	Previous Owner's Telephone No.
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Name of Business Under Previous Owner	Name of Previous Owner
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Did you change the legal form of all or part of the Arizona operations of your existing business (e.g., change from sole proprietor to corporation, etc.)? Yes No If yes, did you change all or part All Part	Date of Change	EIN of Previous Legal Form
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Identification of owner, partners, corporate officers, members / managing members, etc.
(Attach more sheets if needed.)

Name (Last, First, M.I.)	Social Security Number	Title	% Owned	Complete Residence Address	Telephone No.

Do any owners or managers of this business individually or collectively own more than 50% of another Arizona business or have any amount of management control of another Arizona business? Yes No
If yes, provide information about the individuals and other businesses below. (Attach more sheets if needed.)

Name of Individual	Title at Other Business	Name of Other Business	EIN of Other Business	% Owned

Signature(s) of individual(s) legally responsible for business (Owner, Partner, Corporate Officer, Managing Member, Trustee or Personal Representative of Estate, etc.) **Under penalty of perjury I (we), the undersigned, declare that the information provided on this application is true and correct to the best of my (our) knowledge.**

Print Name	Title	Signature	Date

This application must be completed, signed and returned.

This Box for Agency Use Only		Submit your completed application by mail to:
New Acct. No. LIAB Change Start Revise Reopen S/E Date	LIAB Est.	WH Arizona Department of Economic Security Unemployment Insurance Tax Status Unit PO Box 6028 Phoenix, Arizona 85005 or Fax to (602)532-5539

