

EMPLOYER REGISTRATION REQUEST

Account or Reference Number: _____

Date: _____

We have received your Unemployment Tax and Wage Report indicating you paid Arizona Wages, but we did not receive your application for an Arizona Unemployment Insurance (UI) Tax account. We need your application to assign an account number for your quarterly payroll reporting and tax payments. Or if you already have an account, we need your application to 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.

Please register online at www.aztaxes.gov or complete and return the application form on the reverse side of this notice within ten (10) days of the date postmarked on the envelope.

If you are not registering online at www.aztaxes.gov, fax your completed application to 602-532-5539 or mail to:

**DES – UI Tax
Employer Registration
P.O. Box 6028 • Mail Drop 5881
Phoenix, AZ 85005-6028**

A copy of your application will be forwarded to the Arizona Department of Revenue, which administers Withholding Tax (and Transaction Privilege and Use Taxes).

Note: Registering online enables you to register for Transaction Privilege and/or Use Taxes, if applicable, in addition to UI and Withholding Taxes.

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. Auxiliary aids and services are available upon request to individuals with disabilities. To request this document in alternative format or for further information about this policy, Contact the UI Tax Office at 602-771-6606; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.

ARIZONA UNEMPLOYMENT INSURANCE TAX & WITHHOLDING TAX APPLICATION

For information on Unemployment Insurance, go online to www.azuitax.gov. For information on Withholding, go to www.aztaxes.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>)		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	
Federal Employer Identification No. (EIN)	Business Telephone No.	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 Mailing Address			
City	State	ZIP Code	
E-Mail Address	Fax No.		
Physical address where work is performed in Arizona (<i>Attach more sheets for additional locations</i>).		Are you liable for Federal Unemployment Tax? Yes No If yes, indicate first year of liability:	
City	State	Do you have an IRS ruling that grants exclusion from Federal Unemployment Tax? Yes No If yes, attached copy of the ruling letter is required	
Legal/Business Name for Off Site Payroll Service, Accountant or Bookkeeper		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 _____	
Contact Person at the Off Site Payroll Service, Accountant or Bookkeeper Telephone No.		When did / will you first pay a total of \$1,500 or more gross wages in a calendar quarter? Exceptions: \$20,000 gross cash wages Agricultural; \$1,000 gross cash wages Domestic/Household; not applicable to 501(c)(3) Non-Profit. Year _____ Quarter (indicate as 1, 2, 3 or 4)	
Mailing Address of the Off Site Payroll Service, Accountant or Bookkeeper		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)	
City	State	NAICS Code (Enter at least one from list of Business Tax Description Codes at www.aztaxes.gov .)	
Description of Business (<i>Must include type of merchandise sold or produced, or type of employment.</i>)		NAICS Code (Enter at least one from list of Business Tax Description Codes at www.aztaxes.gov .)	
Do you or did you previously have an Arizona Unemployment Tax Account Number? Yes No			
Business Name:		Arizona Unemployment Account Number or EIN:	
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			Return application to: Fax: (602) 532-5539, or Mail: DES – UI Tax Employer Registration P.O. Box 6028 • Mail Drop 5881 Phoenix, AZ 85005-6028
New Acct. No	LIAB	WH	
Change Start	LIAB Est.		
Revise			
Reopen S/E Date			

