



Account No. _____

UNEMPLOYMENT TAX REGISTRATION

The Division of Employment Security (DES) has received information that you employ workers in Missouri.
Complete this form or register online at uinteract.labor.mo.gov

MAILING BLOCK

SUBMITTED BY:

First Name _____
Middle Initial _____
Last Name _____
Job Title _____
Contact Number _____
Email _____

Signature of Person Completing this Form *Date*

GENERAL INFORMATION

Federal Employer Identification Number (FEIN) _____

Type of Organization:

- | | | | | |
|--|--|---|--|--|
| <input type="checkbox"/> Individual Ownership | <input type="checkbox"/> Corporation | <input type="checkbox"/> LLC - Individual | <input type="checkbox"/> LLC - Partnership | <input type="checkbox"/> LLC - Corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Local Government | <input type="checkbox"/> Association | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> Limited Liability Limited Partnership | <input type="checkbox"/> Other _____ | | | |

Department of Revenue Number _____

EMPLOYER ENTITY INFORMATION

Legal Entity Name _____

Trade Name or Doing Business As (DBA) _____

Has this business paid employees for work performed? Yes No
If Yes, provide the first date worked _____ If Yes, provide the first payroll date _____

Does this business consist of agricultural work? Yes No
If Yes, select type: Crop Animal Other _____
If Yes, is this the primary business activity? Yes No

Does this business employ domestic help? Yes No
If Yes, select type: Household Caretaker Nanny Other _____
If Yes, is this the primary business activity? Yes No

Does this business involve non-agricultural or non-domestic work? Yes No
If Yes, select type below:

<input type="checkbox"/> Transportation	<input type="checkbox"/> Utilities	<input type="checkbox"/> Construction- Residential	<input type="checkbox"/> Food Services	<input type="checkbox"/> Financial Services
<input type="checkbox"/> Retail Sales - New	<input type="checkbox"/> Mortgages	<input type="checkbox"/> Construction- Commercial	<input type="checkbox"/> Health Services	<input type="checkbox"/> Mining
<input type="checkbox"/> Retail Sales - Used	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Trucking	<input type="checkbox"/> Other _____

If Yes, is this the primary business activity? Yes No

Is this business a religious employer? Yes No

Is this business a federally recognized Indian tribe? Yes No

If Yes, do you wish to provide financial guarantee to be a reimbursable employer? Yes No

If Yes, provide the employer's tribal unit _____

Is this business liable under the Federal Unemployment Tax Act (FUTA) in another state during the current or preceding calendar year? Yes No

Is this organization a lessor/professional employment organization? Yes No

If Yes, do you wish to provide a Financial Guarantee? Yes No

Are you leasing employees from another business? Yes No
If Yes, are you leasing all employees? Yes No If Yes, provide lessor details:

Name _____

Address _____

Contact Person _____ Contact Phone Number _____

Does this business have locations in Missouri? Yes No

Complete this section if you selected Corporation, LLC-Individual, LLC-Partnership, LLC-Corporation, Limited Partnership, Limited Liability Partnership, or Limited Liability Limited Partnership as the type of organization.

State of Incorporation _____ Charter Number _____

Charter Status: Active Date of Incorporation _____

Dissolved Date of Dissolution _____

Is this a Common Paymaster Employer? Yes No

If Yes, provide the date the common paymaster arrangement started _____

If Yes, what percent of total voting stock of all participating corporations does the parent corporation own? _____%

If Yes, do five or less persons, estates, or trusts own 50 percent or more of the total combined voting power or value of shares in all participating corporations? Yes No

Does this corporation have, or have they applied for, a non-profit 501(c)3 exemption with the Internal Revenue Service?

Yes No

If Yes, and determined liable, do you wish to be a contributory or reimbursable? Contributory Reimbursable

If Yes, has a copy of the 501(c)3 exemption documentation been provided to Employment Security? Yes No

BUSINESS/HEADQUARTERS LOCATION INFORMATION

Enter the physical Missouri location's address. If no Missouri locations, enter the headquarters' address.

Missouri Location Address

Attn _____

Care of _____

Address Line 1 _____

Address Line 2 _____

City _____

State _____ ZIP _____

Number of employees at this location _____

Headquarters Address

Attn _____

Care of _____

Address Line 1 _____

Address Line 2 _____

City _____

State _____ ZIP _____

Number of employees at this location _____

ADDRESS INFORMATION

Tax Mailing Address

Attn _____

Care of _____

Address Line 1 _____

Address Line 2 _____

City _____

State _____ ZIP _____

Claims Mailing Address Same as Tax Mailing

Attn _____

Care of _____

Address Line 1 _____

Address Line 2 _____

City _____

State _____ ZIP _____

Contact Person for Unemployment Tax

First Name _____

Middle Initial _____

Last Name _____

Job Title _____

Phone Number _____

Email Address _____

Payroll Records Mailing Address Same as Tax Mailing

Attn _____

Care of _____

Address Line 1 _____

Address Line 2 _____

City _____

State _____ ZIP _____

RESPONSIBLE PARTY (owner, partner, officer, member, other): _____

Provide additional owners on a separate piece of paper.

Type of Owner: Individual

Type of Owner: Entity

Social Security No. _____
 First Name _____
 Middle Initial _____
 Last Name _____
 Suffix _____
 Job Title _____
 Term Begin Date _____
 Term End Date _____
 Address Line 1 _____
 Address Line 2 _____
 City _____
 State _____ ZIP _____
 Phone Number _____
 Email Address _____

FEIN _____
 Entity Name _____
 Job Title _____
 Term Begin Date _____
 Term End Date _____
 Physical Address:
 Address Line 1 _____
 Address Line 2 _____
 City _____
 State _____ ZIP _____
 Contact Person _____
 Phone Number _____
 Email Address _____

ENTER WAGES PAID

Provide the amount of wages paid in each quarter for all non-exempt employees. If you did not pay wages in any quarter, enter a zero

Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
2022				
2023				
2024				
2025				

Employers must enter number of workers in each week.

2022 Week-Ending Dates	JAN 1	JAN 8	JAN 15	JAN 22	JAN 29	FEB 5	FEB 12	FEB 19	FEB 26	MAR 5	MAR 12	MAR 19	MAR 26	APR 2	APR 9	APR 16	APR 23	APR 30	MAY 7	MAY 14	MAY 21	MAY 28	JUN 4	JUN 11	JUN 18	JUN 25	
	JUL 2	JUL 9	JUL 16	JUL 23	JUL 30	AUG 6	AUG 13	AUG 20	AUG 27	SEP 3	SEP 10	SEP 17	SEP 24	OCT 1	OCT 8	OCT 15	OCT 22	OCT 29	NOV 5	NOV 12	NOV 19	NOV 26	DEC 3	DEC 10	DEC 17	DEC 24	DEC 31
2023 Week-Ending Dates	JAN 7	JAN 14	JAN 21	JAN 28	FEB 4	FEB 11	FEB 18	FEB 25	MAR 4	MAR 11	MAR 18	MAR 25	APR 1	APR 8	APR 15	APR 22	APR 29	MAY 6	MAY 13	MAY 20	MAY 27	JUN 3	JUN 10	JUN 17	JUN 24		
	JUL 1	JUL 8	JUL 15	JUL 22	JUL 29	AUG 5	AUG 12	AUG 19	AUG 26	SEP 2	SEP 9	SEP 16	SEP 23	SEP 30	OCT 7	OCT 14	OCT 21	OCT 28	NOV 4	NOV 11	NOV 18	NOV 25	DEC 2	DEC 9	DEC 16	DEC 23	DEC 30
2024 Week-Ending Dates	JAN 6	JAN 13	JAN 20	JAN 27	FEB 3	FEB 10	FEB 17	FEB 24	MAR 2	MAR 9	MAR 16	MAR 23	MAR 30	APR 6	APR 13	APR 20	APR 27	MAY 4	MAY 11	MAY 18	MAY 25	JUN 1	JUN 8	JUN 15	JUN 22	JUN 29	
	JUL 6	JUL 13	JUL 20	JUL 27	AUG 3	AUG 10	AUG 17	AUG 24	AUG 31	SEP 7	SEP 14	SEP 21	SEP 28	OCT 5	OCT 12	OCT 19	OCT 26	NOV 2	NOV 9	NOV 16	NOV 23	NOV 30	DEC 7	DEC 14	DEC 21	DEC 28	DEC 31
2025 Week-Ending Dates	JAN 4	JAN 11	JAN 18	JAN 25	FEB 1	FEB 8	FEB 15	FEB 22	MAR 1	MAR 8	MAR 15	MAR 22	MAR 29	APR 5	APR 12	APR 19	APR 26	MAY 3	MAY 10	MAY 17	MAY 24	MAY 31	JUN 7	JUN 14	JUN 21	JUN 28	
	JUL 5	JUL 12	JUL 19	JUL 26	AUG 2	AUG 9	AUG 16	AUG 23	AUG 30	SEP 6	SEP 13	SEP 20	SEP 27	OCT 4	OCT 11	OCT 18	OCT 25	NOV 1	NOV 8	NOV 15	NOV 22	NOV 29	DEC 6	DEC 13	DEC 20	DEC 27	DEC 31

PREVIOUS OWNER/OPERATOR INFORMATION

Did you acquire (purchase, inherit, etc.) this business? Yes No

If Yes, provide details about the previous owner:

- a. Federal Identification Number (FEIN) _____ and SUTA Number _____
- b. Entity Name of the business acquired _____
- c. Previous Owner’s Current Address
 Attention _____
 Care Of _____
 Address Line 1 _____
 Address Line 2 _____
 City _____ State/Province _____ ZIP Code _____
 Country _____
- d. Phone Number _____
- e. Previous Owner’s Business: Closed Continued Unknown
- f. Indicate the percentage acquired _____ %
- g. Acquisition Date _____
- h. Did you continue the previous owner’s business in Missouri without interruption? Yes No
- i. Did you acquire multiple businesses on the same day? Yes No
- j. Did multiple businesses acquire the previous owner on the same day? Yes No
- k. Is there common ownership, management or control with the previous business owner/operator? Yes No

NEW OWNERS, PARTNERS, or OFFICERS

Name _____
Address _____
City, State, ZIP _____

Name _____
Address _____
City, State, ZIP _____

PREVIOUS OWNERS, PARTNERS, or OFFICERS

Name _____
Address _____
City, State, ZIP _____

Name _____
Address _____
City, State, ZIP _____

If you have served on active duty in the Armed Forces of the United States and would like information about veterans' services and benefits, please complete the survey here: mvc.dps.mo.gov/MoVeteransInformation/Survey/DOLIR.

IMPORTANT: If needed, call 573-751-1995 for assistance in the translation and understanding of the information in this document.
¡IMPORTANTE! Si es necesario, llame al 573-751-1995 para asistencia en la traducción y entendimiento de la información en este documento.
Missouri Division of Employment Security is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TDD/TTY: 800-735-2966 Relay Missouri: 711