



State of Wyoming

Department of Workforce Services

Unemployment Tax Division



Mark Gordon
Governor

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Director
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Deputy Director

The Department of Workforce Services Unemployment Tax Division (UTD) received information that you employ workers in Wyoming.

MAILING BLOCK

SUBMITTED BY:

First Name _____
 Middle Initial _____
 Last Name _____
 Job Title _____
 Contact Number _____
 E-mail Address _____

Signature of Person Completing this Form *Date*

GENERAL INFORMATION

Federal Employer Identification Number (FEIN) _____

Type of Organization:

- Individual Ownership Corporation LLC-Individual LLC-Partnership
 LLC-Corporation Partnership Limited Partnership Local Government _____
 Association Limited Liability Partnership Limited Liability Limited Partnership _____
 Other _____

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 Status: Active Date of Incorporation _____
 Dissolved Date of Dissolution _____

For LLC's only:

Do you wish to elect Unemployment Insurance coverage for LLC members? Yes No

Per W.S. 27-3-502(d) An employing unit not qualifying as an employer or for which services not qualifying as employment are performed may elect coverage under this act for a period of not less than two (2) years by filing written notice of its election with the department.....

*****Please note: If you elected to be taxed federally as a Corporation, and do not elect to cover your LLC members under SUTA, you will **NOT** be eligible for the SUTA credit and will pay FUTA at the full federal rate.

REASON FOR APPLICATION

- We have an existing Unemployment account and are now requesting Workers' Compensation coverage.
Provide your Unemployment account number _____
- Change of Entity - example: change from sole owner to corporation
- Reorganization
- Acquired/Purchased an existing business
- We are an Employee Leasing company with clients in Wyoming (attach a list of your Wyoming clients)
- New Business

EMPLOYER ENTITY INFORMATION

Legal Entity Name _____

Trade Name or Doing Business As (DBA) _____

Have you paid or do you plan to pay employees for services performed in Wyoming? Yes No

Provide the first worker date or future worker date _____

Provide the first payroll date _____

Have you paid or do you plan to pay corporate officers or LLC members for services performed in Wyoming?

Yes No

If Yes, Provide the first payroll date _____

Does this business consist of agricultural work? Yes No

If Yes, have you paid or will you pay \$20,000 or more in wages any quarter? Yes No

If Yes, what calendar quarter and year? _____

If Yes, have you paid or will you have 10 or more workers for 20 weeks or more in a calendar year? Yes No

If Yes, what calendar quarter and year? _____

Does this business employ domestic help? Yes No

If Yes, have you or will you pay \$1000 or more in wages during any calendar quarter? Yes No

If Yes, what calendar quarter and year? _____

Does this business involve non-agricultural or non-domestic work? 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 be a reimbursable employer? Yes No

If Yes, provide the employer's tribal unit _____

Is this business FUTA liable in another state for the current or preceding calendar year? Yes No

Is this organization a lessor/professional employment organization? 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 _____

Wyoming SUI account number _____

Does this business have locations in Wyoming? 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, Did your **entire** organization employ four (4) or more persons in twenty (20) weeks during any calendar year including full and part time employees? Yes No

If Yes, provide the date _____

If no, do you wish to have optional Unemployment Insurance Coverage? Yes No

Has a copy of the 501(c)3 exemption documentation been provided to UTD? Yes No

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

Contributory Reimbursable

BUSINESS/HEADQUARTERS LOCATION INFORMATION

Enter the physical Wyoming location's address. It is required you provide a valid Wyoming physical location. **Do not** use the address of a registered agent or a post office box.

Wyoming Location Address

Attn _____
Care Of _____
Address Line 1 _____
Address Line 2 _____
City _____
State _____ ZIP _____
County _____
Number of employees at this location _____

Headquarters Address

Attn _____
Care Of _____
Address Line 1 _____
Address Line 2 _____
City _____
State _____ ZIP _____
County _____
Number of employees at this location _____

ADDRESS INFORMATION

Tax Mailing Address

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 _____
E-mail Address _____

Claims Mailing Address Same as Tax Mailing

Attn _____
Care Of _____
Address Line 1 _____
Address Line 2 _____
City _____
State _____ ZIP _____

Payroll Records Mailing Address Same as Tax Mailing

Attn _____
Care Of _____
Address Line 1 _____
Address Line 2 _____
City _____
State _____ ZIP _____

Workers' Compensation Claims Mailing Address Same as Tax Mailing

Attn _____
Care Of _____
Address Line 1 _____
Address Line 2 _____
City _____
State _____ ZIP _____

Provide detailed information about the primary nature of your business in the description area below including your business activities, goods, products, or services in Wyoming, as though you were telling a prospective employee what you do. Then give us the approximate percentage of sales or revenues resulting from each item. Percentages should total 100%. If you are a third party agent for the business, such as a payroll service or accountant, please review this item with your client. Examples follow:

Goods or Products: What are they, and what do you do with them? Do you design, manufacture, sell directly to consumers, distribute to wholesalers, install, repair, or do something else with them? What are these goods or products made of?

Example 1: *Major appliances: Sell to public 40%; Sell to retailers 30%; Repair 30%*

Example 2: *Install fiber optic cable 100%*

Example 3: *Merchant Wholesaler: Industrial Supplies 100%*

Example 4: *Manufacturer Representative: Pharmaceuticals 100%*

Manufacturer: What are your main products? What are your most important materials? What are the main production methods?

Example 1: *Weaving cotton broad woven fabrics 80%; Spinning cotton threads 20%*

Example 2: *Ready-mix concrete manufacturing 40%; Precast concrete pipe manufacturing 60%*

Services: Describe in detail the services you provide. To whom do you provide those services? If you offer consulting, brokerage, management, or similar services, what are your major activities?

Example 1: *Hair cutting & styling 65%; Manicure 25%; Facials 10%*

Example 2: *Long distance trucking, general freight, less than truckload 100%*

Example 3: *Marketing consulting: Planning marketing strategy 60%, Sales forecasting 40%*

Example 4: *Employee leasing company 100% (Include information on your clients' nature of business.)*

Example 5: *Lawn care 60%; Snow removal 40%*

Example 6: *Full-service restaurant 100%*

Construction or Building Trade: Is the work mostly residential or nonresidential? Single or multifamily? New or remodeling?

Example 1: *Electrical contractor: Wiring new homes 51%; Electrical refurbishing of office buildings 49%*

Example 2: *Fencing grazing land 20%; digging ditches for utility lines 10%; residential driveway construction (poured concrete) 70%*

This information is critical to determine your tax rate.

Description:

OWNER/OFFICER INFORMATION (owner, partner, officer, member, other): _____

Provide additional owners on a separate piece of paper.

Type of Owner: Individual

Social Security No. _____

First Name _____

Middle Initial _____

Last Name _____

Suffix _____

Job Title _____

Term Begin Date _____

Term End Date _____

Ownership Percentage (REQUIRED) _____

Address Line 1 _____

Address Line 2 _____

City _____

State _____ ZIP _____

Phone Number _____

E-mail Address _____

Type of Owner: Entity

FEIN _____

Entity Name _____

Job Title _____

Term Begin Date _____

Term End Date _____

Physical Address:

Address Line 1 _____

Address Line 2 _____

City _____

State _____ ZIP _____

Ownership Percentage (REQUIRED) _____

Contact Person _____

Phone Number _____

E-mail 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
2017				
2018				
2019				
2020				

Employers must enter number of workers in each week.

2017 Week-Ending Dates	JAN 5	JAN 12	JAN 19	JAN 26	FEB 2	FEB 9	FEB 16	FEB 23	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
2018 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
2019 Week-Ending Dates	JAN 3	JAN 10	JAN 17	JAN 24	JAN 31	FEB 7	FEB 14	FEB 21	FEB 28	MAR 7	MAR 14	MAR 21	MAR 28	APR 4	APR 11	APR 18	APR 25	MAY 2	MAY 9	MAY 16	MAY 23	MAY 30	JUN 6	JUN 13	JUN 20	JUN 27	
	JUL 4	JUL 11	JUL 18	JUL 25	AUG 1	AUG 8	AUG 15	AUG 22	AUG 29	SEP 5	SEP 12	SEP 19	SEP 26	OCT 3	OCT 10	OCT 17	OCT 24	OCT 31	NOV 7	NOV 14	NOV 21	NOV 28	DEC 5	DEC 12	DEC 19	DEC 26	DEC 31
2020 Week-Ending Dates	JAN 2	JAN 9	JAN 16	JAN 23	JAN 30	FEB 6	FEB 13	FEB 20	FEB 27	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

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. Telephone 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 Wyoming 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 _____

For assistance or questions regarding Workers' Compensation, please contact (307) 777-6763.

For assistance or questions regarding Unemployment Tax, please contact (307) 235-3217.