REPORT TO DETERMINE STATUS (APPLICATION FOR EMPLOYER NUMBER)

State Form 2837 (R6 / 8-06)

INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT
10 N SENATE AVE RM SE106 INDIANAPOLIS IN 46204-2277
Local: 317-232-7436 Toll Free: 1-800-891-6499 Fax: 317-233-2706

☐ Original Report
☐ Transfer
☐ Amended
☐ Pre assigned

OFFICE USE ONLY		
Account	Examiner	File
Status Date	Qualified Date	
Pay Method	Merit Rate Date	
Business Type	Qualifying Section	
Country Code	County Code	
UC-1 Sent	NTR'S	Suprv
Date Comp		
Disposer No.		

Merit Rate Year	% Rate
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

- **IF YOU HAVE ACQUIRED ALL OR A PART OF AN EXISTING INDIANA BUSINESS, PLEASE COMPLETE ALL INFORMATION REQUESTED IN SECTION A ON THE REVERSE SIDE.**

IMPORTANT: Any Employing Unit which fails to submit any report within 10 days after such request is sent, shall be assessed a penalty of not less than $25.00 (reference Indiana Code 22-4-19-10). If you are an employer of AGRICULTURAL or DOMESTIC (household) help, do not complete this form.

PLEASE TYPE OR PRINT IN INK.

1. **Federal ID Number:** __ __-__ __ __ __ __ __ __ | Indiana County
2. Legal Name of Employing Unit
3. Trade Name *(or d/b/a)*
4. Mailing Address | Physical Address

City	State	City	State
ZIP Code *(+4 + 2 + 1)* __ __ __ __ __ - __ __ __ __ - __ __ - __		ZIP Code *(+4 + 2 + 1)* __ __ __ __ __ - __ __ __ __ - __ __ - __	

Business Telephone Number	Business Fax Number	Remarks
( ) -	( ) -	

5. Type of organization **(check one)**
☐ Individual ☐ Corporation ☐ Partnership
☐ LLC CORPORATION ☐ LLC PARTNERSHIP
☐ SINGLE MEMBER LLC
☐ SEC. OF STATE CONTROL # _____
☐ Other (Estate, Trust, Etc.) _____

6. (a) Formation date of Corporation or Partnership: ____ ____ ____ (mm dd yy)
(b) State of incorporation: __ __ **(2 letter abbreviation)**

7. Type of Business

8. Enter the required information for owner, partners or officers. Please attach additional sheet(s) if needed.

Name (please print)	Title	Social Security Number	Telephone Number
		— —	( ) -
		— —	( ) -

The State of Indiana does **NOT** issue account numbers prior to being tax liable, an answer "Yes" to questions 9, 10, 11, 12, 13, 14, or 15 indicates liability.

DATE PAYROLL BEGAN IN INDIANA
____ ____ ____ (mm dd yy)

9. Has your business filed an **IRS** Form 940 under the Federal ID number listed above ? ☐ No ☐ Yes If you are an Employer who has qualified under FUTA (Federal Unemployment Tax Act) in any State during the current or preceding calendar year, you are immediately liable upon having payroll in the State of Indiana IC 22-4-7-2(f).

10. Have you acquired all or a part of an existing Indiana business, ☐ No ☐ Yes If Yes, please **skip** to "Section A" on the reverse side and complete that Section.

11. Has your business had a total Indiana payroll of **$1,500.00** or more in any calendar quarter during the current or preceding calendar year? **(Including salaried officers).** ☐ No ☐ Yes (Quarter/Year)_____/_____

12. Has your business had one or more employees any part of a day,in each of twenty (20) different weeks **(not necessarily consecutive)** during the current or preceding calendar year? ☐ No ☐ Yes (Date of the 20th week) ___/___/___

13. Are you a PEO? ☐ No ☐ Yes Will you be reporting wages under a PEO? ☐ No ☐ Yes
If Yes PEO Account Number _____ or Name _____

14. **501(c)(3)** - Did you employ 4 or more individuals, in any part of a day, in each of 20 different weeks of the current or preceding calendar year ☐ No ☐ Yes , If "yes" please submit a copy of IRS exemption letter. If you are an Out of State 501(c)(3), you must meet qualifications aforementioned, to be liable in the State of Indiana.

15. **DOMESTIC** - (HOUSEHOLD NATURE) Have you paid, $1,000.00 or more, cash wages in a calendar quarter to employees
☐ No ☐ Yes Payroll Began ___/___/___

16. **AGRICULTURAL** - 10 Workers in some part of a day in 20 different weeks during a calendar year ☐ No ☐ Yes **Quarter/Year**
Date of the 20th week ___/___/___ **OR** gross payroll in the amount of $20,000.00 in a calendar quarter _____/_____

I hereby certify that all information contained herein is true, correct and complete to the best of my knowledge and belief.

EMPLOYER'S SIGNATURE _____
DATE _____ Phone No. ( ) –

PREPARED BY _____
DATE _____ Phone No. ( ) –

CONTINUE ON REVERSE SIDE IF ITEM #10 IS MARKED "YES."

REPORT TO DETERMINE STATUS (continued)

_____
(Account Number)

If you acquired, purchased or continued all or any part of an existing Indiana business, you must complete "Section A" below. Reference Indiana Code 22-4-7-2, Indiana Code 22-4-10-6.

NOTE: If you acquired only a portion of an existing Indiana business, upon application and agreement by both the disposer and acquirer, you (the acquirer) may be entitled to use the same rate as the disposer in the year of acquistion. Reference Indiana Code 22-4-17-2(b), Indiana Code 22-4-10-6(b).

The Acquirer/Successor of an existing Indiana operation, whether a complete transfer or a partial, is allowed to consider the taxable wages paid by the predecessor/disposer, towards the basis paid in prior quarter(s) of the calendar year of the transfer, when figuring the taxable wages. IC 22-04-10-7.

SECTION A

If you have questions whether or not this section applies to you, please call (317) 232-7436.

Nature of acquisition or change of entity: (check one)

- ☐ Purchase of COMPLETE organization
- ☐ Purchase of a PORTION of organization
- ☐ Corporate change or reorganization
- ☐ Change in Federal ID
- ☐ Bankruptcy or other proceedings
- ☐ Lease of complete organization
- ☐ Partnership change or reorganization (50% or more partners changed)
- ☐ Spin-Off of a Subsidiary
- ☐ Death of owner or partner
- ☐ Other (please explain in Remarks section below)

Date you purchased, reorganized, incorporated or otherwise took control of the Indiana business: (mm-dd-yy) ___ ___ ___

1. Predecessor/disposer Indiana SUTA Number: __ __ __ __ __ __ (___)
2. Predecessor/disposer **Federal ID Number:** __ __ - __ __ __ __ __ __ __
3. Predecessor/disposer Legal Name
4. Trade Name (or d/b/a)
5. Mailing Address

   City State

   ZIP Code (+ 4 + 2 + 1) __ __ __ __ __ - __ __ __ __ - __ __ - __ Indiana County
6. Disposer Contact Person _____ Phone (_____) - _____ - _____
7. **SIGN AND DATE THE FRONT OF THIS FORM WHERE INDICATED.**

REMARKS: