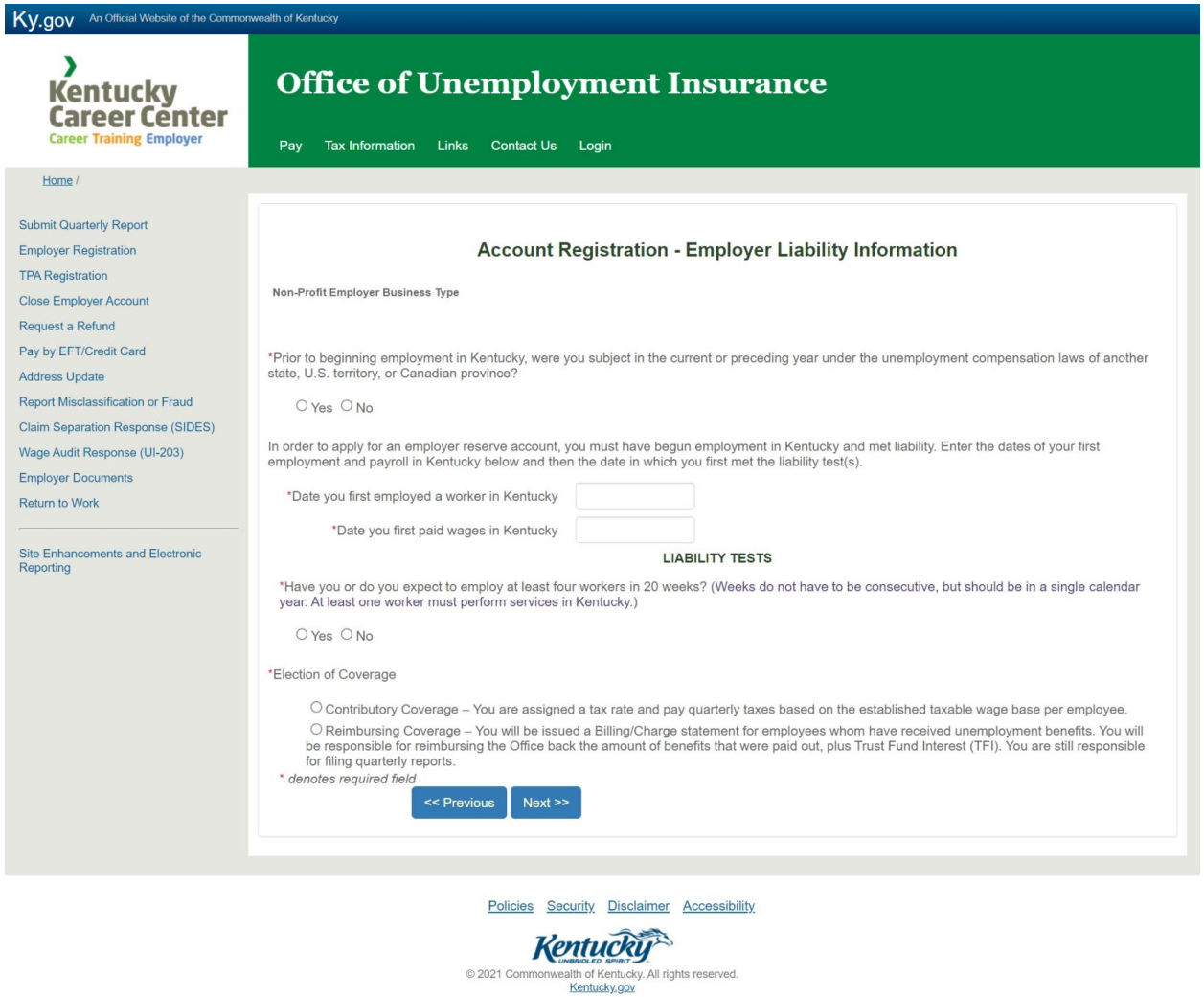
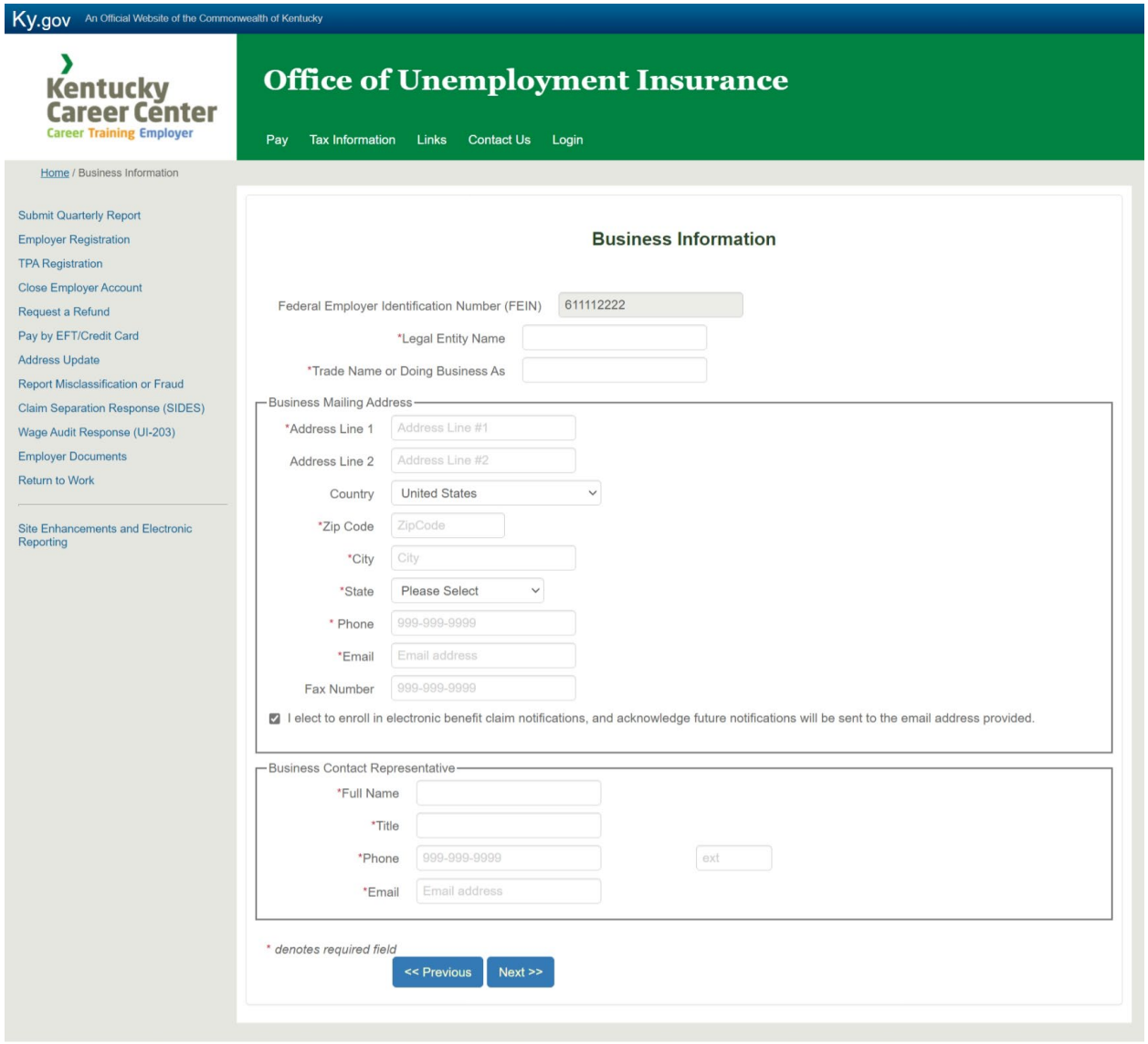
UI-1S, “Supplemental Application for Unemployment Insurance Employer Reserve Account”, Rev. 2021

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TPA Registration
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Report Misclassification or Fraud
Claim Separation Response (SIDES)
Wage Audit Response (UI-203)
Employer Documents
Return to Work
Site Enhancements and Electronic Reporting
Business Information
Federal Employer Identification Number (FEIN) 611112222
*Legal Entity Name
*Trade Name or Doing Business As
Business Mailing Address
*Address Line 1 Address Line #1
Address Line 2 Address Line #2
Country United States
*Zip Code ZipCode
*City City
*State Please Select
* Phone 999-999-9999
*Email Email address
Fax Number 999-999-9999
I elect to enroll in electronic benefit claim notifications, and acknowledge future notifications will be sent to the email address provided.
Business Contact Representative
*Full Name
*Title
*Phone 999-999-9999 ext
*Email Email address
* denotes required field
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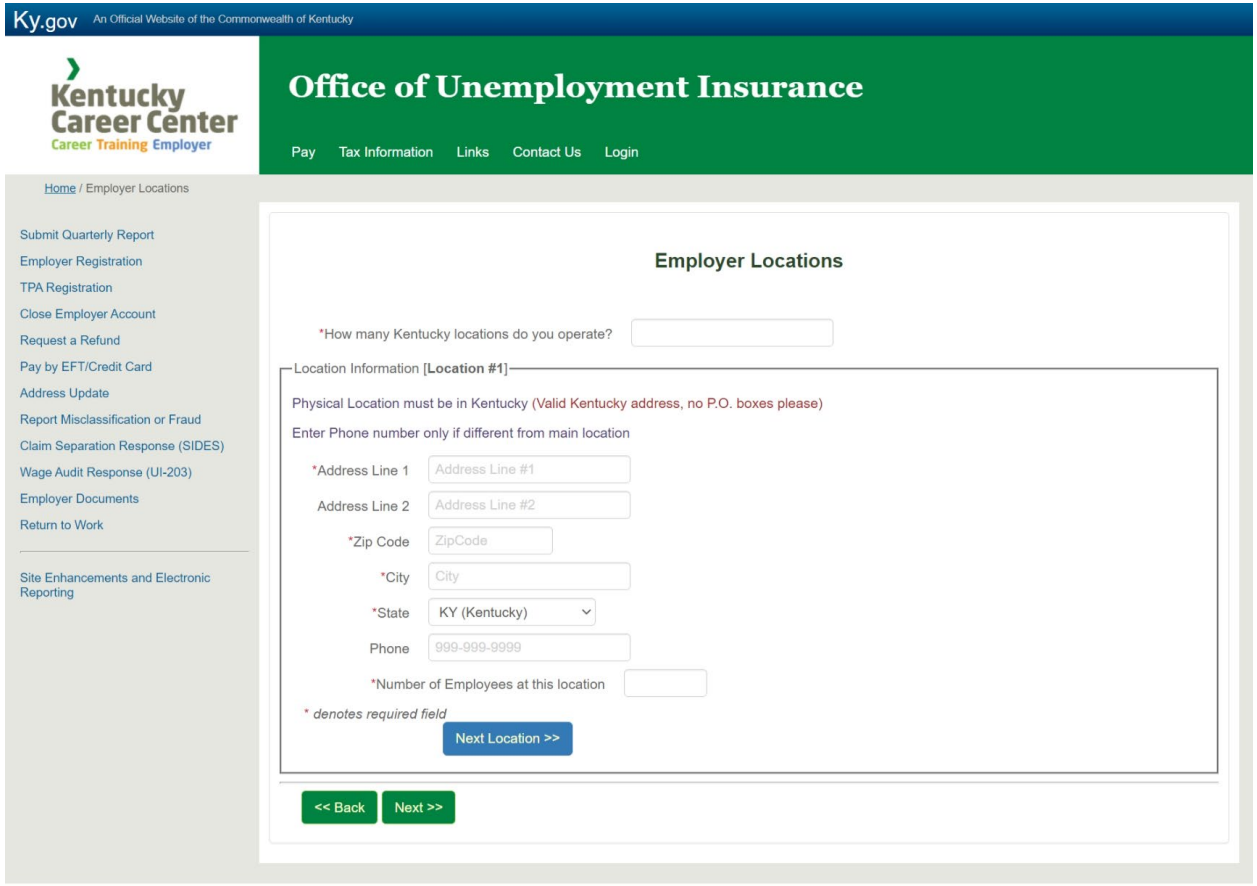
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Employer Locations
*How many Kentucky locations do you operate?
Location Information [Location #1]
Physical Location must be in Kentucky (Valid Kentucky address, no P.O. boxes please)
Enter Phone number only if different from main location
*Address Line 1
Address Line #1
Address Line 2
Address Line #2
*Zip Code
ZipCode
*City
City
*State
KY (Kentucky)
Phone
999-999-9999
*Number of Employees at this location
* denotes required field
Next Location >>
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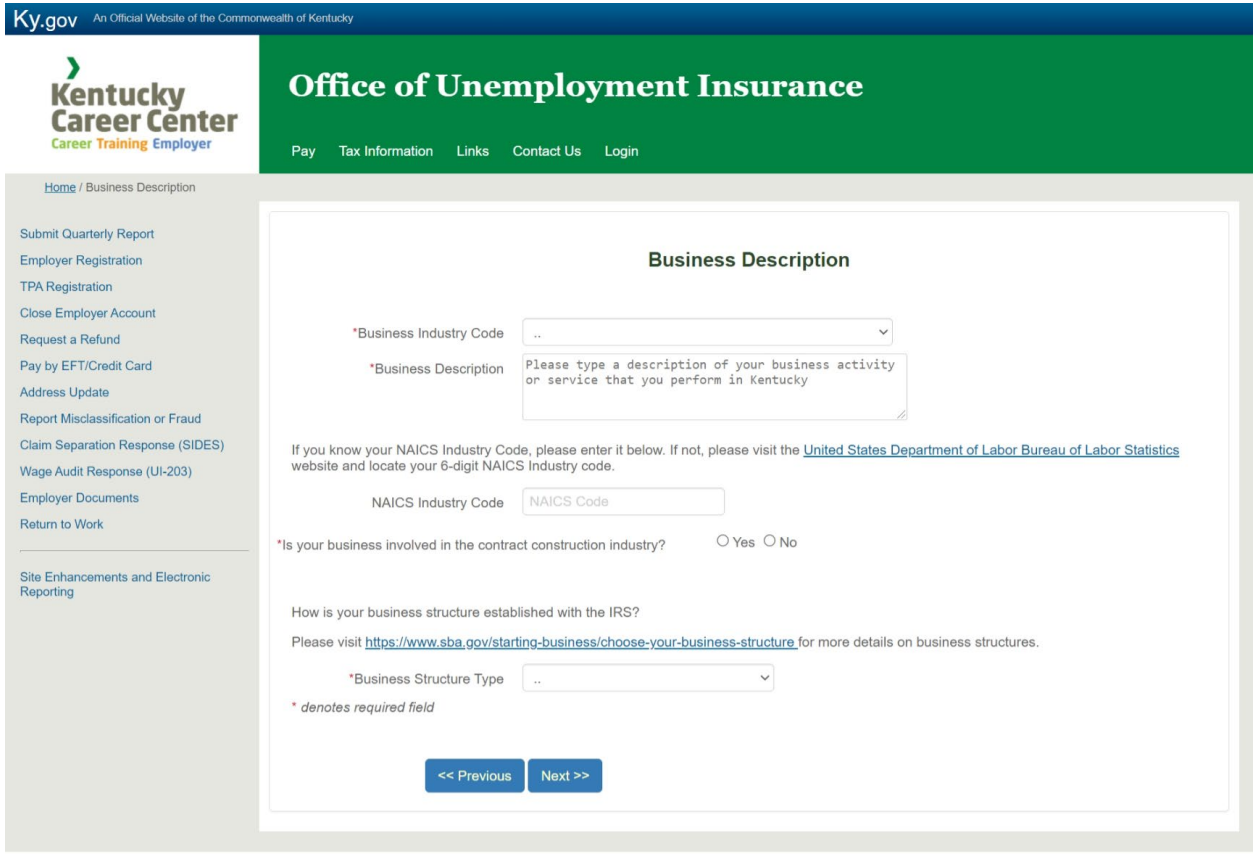
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Business Description
*Business Industry Code
*Business Description
Please type a description of your business activity or service that you perform in Kentucky
If you know your NAICS Industry Code, please enter it below. If not, please visit the United States Department of Labor Bureau of Labor Statistics website and locate your 6-digit NAICS Industry code.
NAICS Industry Code
NAICS Code
*Is your business involved in the contract construction industry?
Yes No
How is your business structure established with the IRS?
Please visit https://www.sba.gov/starting-business/choose-your-business-structure for more details on business structures.
*Business Structure Type
* denotes required field
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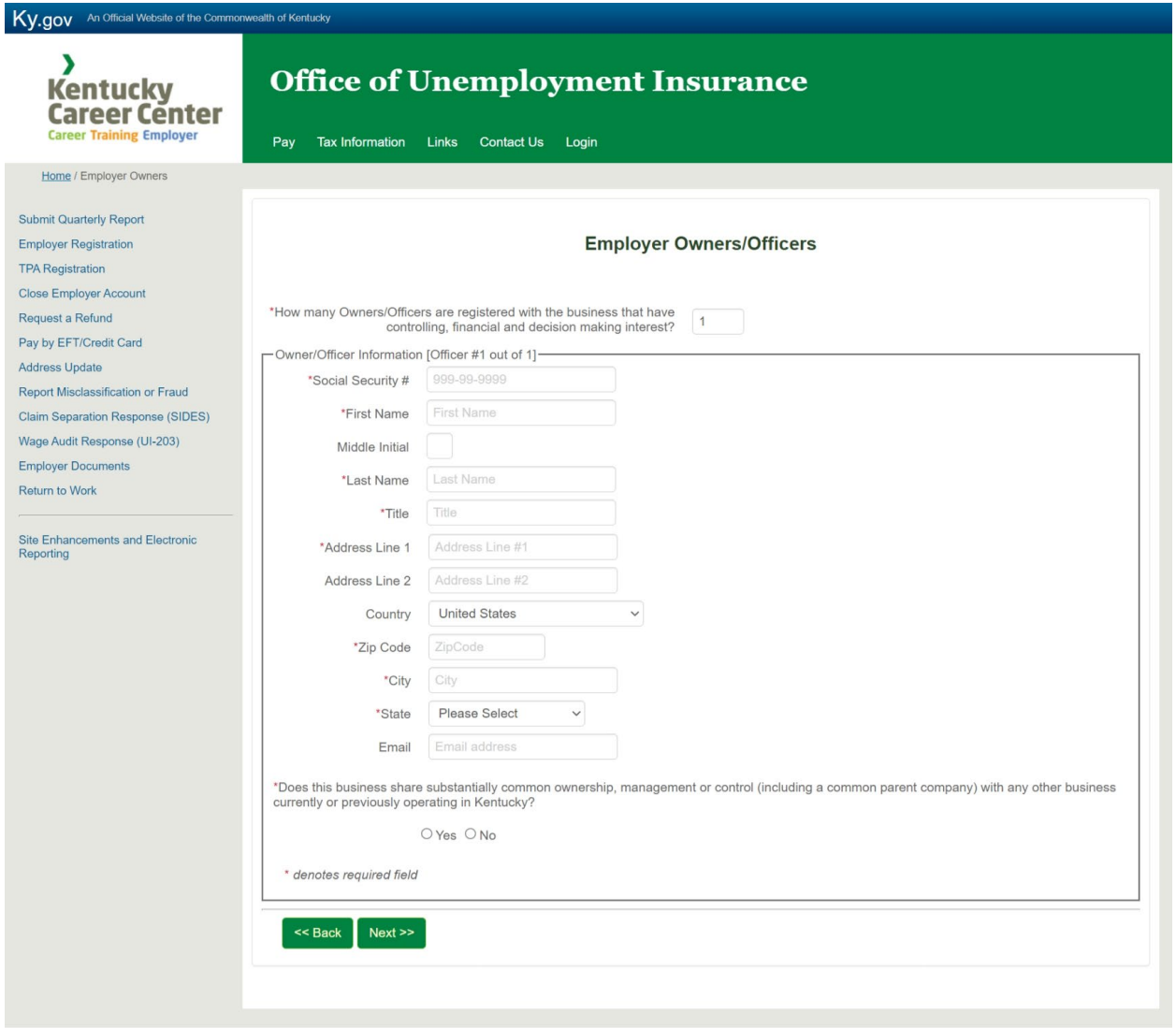
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Employer Owners/Officers
*How many Owners/Officers are registered with the business that have controlling, financial and decision making interest?
1
Owner/Officer Information [Officer #1 out of 1]
*Social Security #
999-99-9999
*First Name
First Name
Middle Initial
*Last Name
Last Name
*Title
Title
*Address Line 1
Address Line #1
Address Line 2
Address Line #2
Country
United States
*Zip Code
ZipCode
*City
City
*State
Please Select
Email
Email address
*Does this business share substantially common ownership, management or control (including a common parent company) with any other business currently or previously operating in Kentucky?
Yes No
* denotes required field
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## Service Provider Information

*Do you have workers who perform services for your business whom you consider to be self-employed or independent contractors?

○ Yes ○ No

*Do you have workers who receive 1099 forms, instead of W-2 forms?

○ Yes ○ No

*How will you be filing your Quarterly Tax and Wage Reports?

○ Electronic Filing on website (Required if you are reporting 10 or more employees)
○ Paper Filing (The Office will mail you a UI3 form. Electronic filing is encouraged)
○ File through a third party administrator – CPA, Payroll Provider

SERVICE PROVIDER ADDRESS
Service Providers are third-party providers such as CPA's, Bookkeepers, Accounting Firms or other entities you allow to file your Quarterly Tax and Wage Reports (Form UI-3) on behalf of your business.

*Do you wish to authorize a service provider to discuss or receive information regarding your account?

○ Yes ○ No

* *denotes required field*

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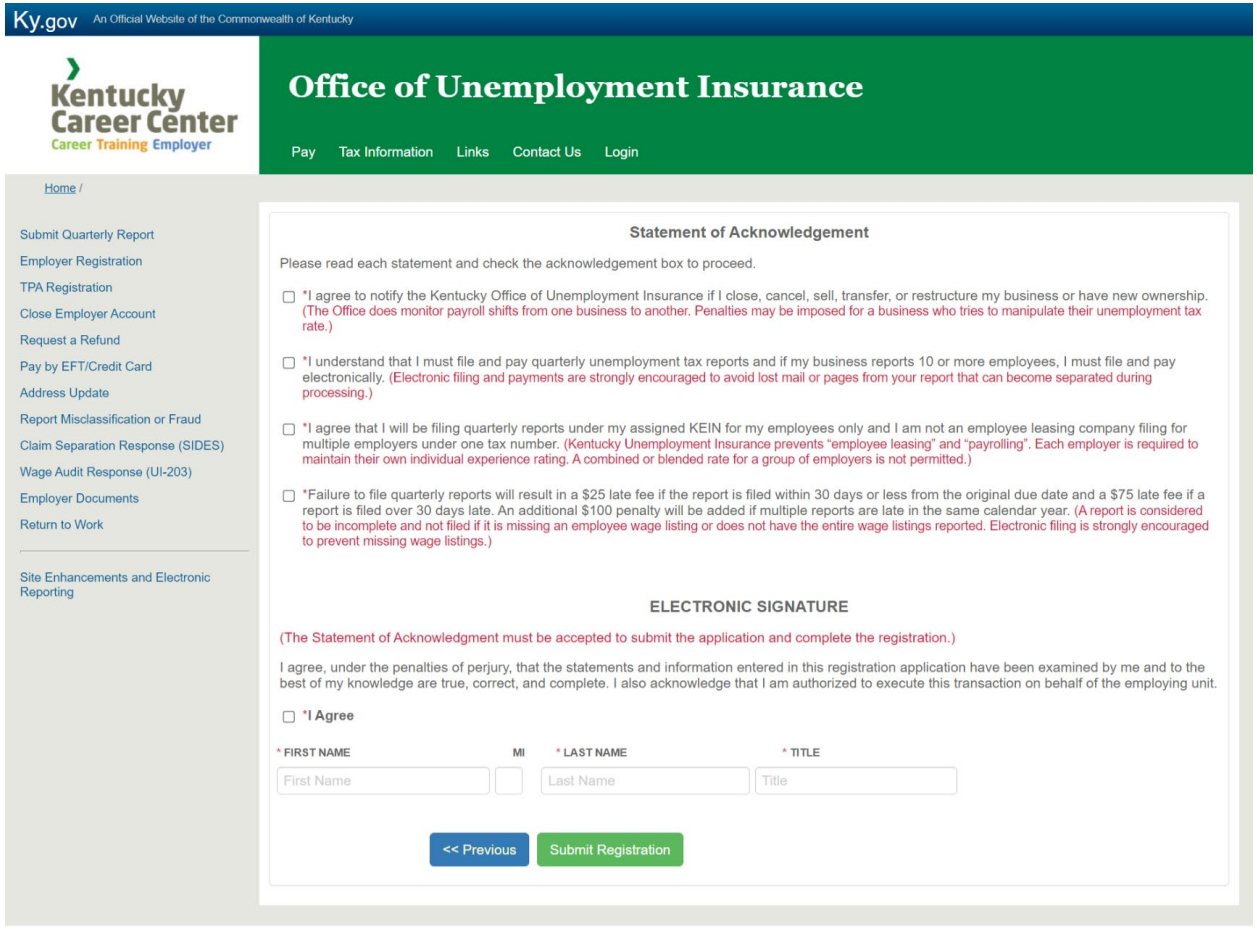



# Office of Unemployment Insurance



## Statement of Acknowledgement

Please read each statement and check the acknowledgement box to proceed.

☐ *I agree to notify the Kentucky Office of Unemployment Insurance if I close, cancel, sell, transfer, or restructure my business or have new ownership. (The Office does monitor payroll shifts from one business to another. Penalties may be imposed for a business who tries to manipulate their unemployment tax rate.)

☐ *I understand that I must file and pay quarterly unemployment tax reports and if my business reports 10 or more employees, I must file and pay electronically. (Electronic filing and payments are strongly encouraged to avoid lost mail or pages from your report that can become separated during processing.)

☐ *I agree that I will be filing quarterly reports under my assigned KEIN for my employees only and I am not an employee leasing company filing for multiple employers under one tax number. (Kentucky Unemployment Insurance prevents "employee leasing" and "payrolling". Each employer is required to maintain their own individual experience rating. A combined or blended rate for a group of employers is not permitted.)

☐ *Failure to file quarterly reports will result in a $25 late fee if the report is filed within 30 days or less from the original due date and a $75 late fee if a report is filed over 30 days late. An additional $100 penalty will be added if multiple reports are late in the same calendar year. (A report is considered to be incomplete and not filed if it is missing an employee wage listing or does not have the entire wage listings reported. Electronic filing is strongly encouraged to prevent missing wage listings.)

## ELECTRONIC SIGNATURE

(The Statement of Acknowledgment must be accepted to submit the application and complete the registration.)

I agree, under the penalties of perjury, that the statements and information entered in this registration application have been examined by me and to the best of my knowledge are true, correct, and complete. I also acknowledge that I am authorized to execute this transaction on behalf of the employing unit.

☐ ***I Agree**

| * FIRST NAME | MI | * LAST NAME | * TITLE |
|---|---|---|---|
| First Name | | Last Name | Title |

<< Previous Submit Registration



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