

EMPLOYER REGISTRATION APPLICATION

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
 REEMPLOYMENT ASSISTANCE
 PO BOX 4730
 ABERDEEN SD 57402-4730
 605.626.2312 FAX: 605.626.3347

If you are a PEO, you must register this account under your client's FEIN and business information.
 If you are a TPA, go to sdjobs.org to complete and submit a POA.

FEIN: _____ - _____

TYPE of BUSINESS: Standard Domestic Agricultural 501C3 Government Tribal

Do Not Write in This Box – For DLR Office Use Only			Reviewer's Initials/Date	
County Code			Account Number	
C-Number			Liabile Date	
Qualify Code			Territory	
Qualify Date			Rates	UI
Account Code	Wage Successor	Year		AF
				IF
N	P			

Legal Name: _____ Business Phone: _____

Do Business As: _____ Business Fax: _____

Addresses: (PO Box/Street/City/State/Zip)

Contact Information:

Primary Mailing: _____ Business Headquarters: _____ <small>(if different than mailing address)</small> Benefit Claims: _____ <small>(if different than mailing address)</small> Work location(s) in South Dakota: _____ <small>(e.g. office street address, location of job site, if you do not maintain an office in South Dakota, enter employee's home address.)</small> Business Email: _____	Name: _____ Phone: _____ Mobile: _____ Email: _____
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Type of Ownership:

Individual	Partnership	Corporation	Association	Government	School District	Tribal
LLC	If LLC, type of income tax return filed:	1040	1065	1120	1120S	

Ownership: (Owner/Partners/Corporate Officers/Members)

Social Security Number	Name	Title	Address

Employment Information:

Are you reinstating an inactive account? If so, enter account number: _____			
Did you acquire in full or part, an already established business: Yes No If yes, please complete Change in Ownership section.			
Are you liable under the Federal Unemployment Tax Act? Yes No If yes, what year: _____			
Are you liable under the unemployment laws of another state? Yes No Month Day Year			
Enter the date you first had employment in South Dakota:			
Enter the date you first paid wages to employees in South Dakota:			
Enter the Saturday ending date of the twentieth week in which you had:			
(Standard, 1 or more employees, Agricultural, 10 or more employees, 501 C 3, 4 or more employees)			
Enter gross quarterly payroll. Include only wages for work performed in South Dakota, through the current date. Do not include wages you expect to pay in the future. Any remuneration to corporate officers, including distributions and dividend in lieu of wages, is reportable.			
Year	1 st Qtr	2 nd Qtr	3 rd Qtr 4 th Qtr
Current Year			
Preceding Year			
Preceding Year			

Change in Ownership Information:

Complete if you acquired in full or part, an already established business.

Name of business acquired: _____ Owner name: _____

Date of acquisition: _____ FEIN: _____ South Dakota account number: _____

It is agreed between the former owner and the new owner that: All None Portion* of the employer's experience rating account shall be acquired with the assets and liabilities following the account as provided in SDCL 61-5-42. If the ownership, management, or control of the successor is substantially the same as the predecessor, a transfer of the experience rating account will be mandatory.

*If you elect to transfer a Portion of the experience rating account, you must provide a list of the taxable payroll by quarter and year for the current and four preceding years. The list must include the name, Social Security Number, and taxable wages paid by quarter and year for the portion of the business being transferred. There must be two segregable units of business with separate records maintained to qualify for a partial transfer.

Business Activity Information:

Check the box which best describes your primary business activity.

Agricultural	Information Services	Administrative & Support Services	Construction
Mining	Finance & Insurance	Education Services	Heavy & Civil Engineering
Utilities	Real Estate, Rental	Health Care & Social Assistance	Nonresidential Building Const
Manufacturing	& Leasing	Arts, Entertainment, & Recreation	Nonresidential Specialty Trade
Wholesale Trade	Professional, Scientific	Accommodation & Food Services	Residential Building Const
Retail Trade	& Technical Services	Other Services	Residential Specialty Trade
Transportation	Management of Companies	Public Administration Services	

Indicate the specific activity of your business in this state (e.g. sales representative, fast food restaurant, home building). _____

Other Worker Information:

Have you hired any individuals to perform services for you in South Dakota who you consider to be independent contractors or subcontractors and not employees? Yes No

If yes, attach a separate piece of paper listing the FEIN/SSN, worker's name, business name, address, telephone number, and business activity.

Have you hired any individuals as day labor or casual labor? Yes No

For 501 C 3 Non-Profits and Government Entities Only:

Select the method of payment. If you do not select an option, you will automatically be enrolled to pay contributions.

To pay contributions as an employer as provided in SDCL 61-5-25

Elect reimbursement of benefits in lieu of contributions as provided in SDCL 61-5A-6*

Periodic billing for payment in lieu of contributions based on payroll as provided in SDCL 61-5A-28*

***SURETY BOND OR CD REQUIRED:** Organizations electing reimbursement of benefits in lieu of contributions under option 2 or 3 above may, at the discretion of the South Dakota Department of Labor and Regulation, be required to furnish a surety bond or certificate of deposit.

Your signature indicates this registration application is true and complete to the best of your knowledge.

Signature

Title

Print Name

Date