



45 South Fruit Street Concord, New Hampshire 03301-4857 Phone (603) 228-4142 Fax (603) 225-4323 www.nhes.nh.gov

(Do not write in this space)	Account #
	Subject
	Retroactive
	Successor
	Acquisition
	Not Subject
	NAICS
	_

EMPLOYER STATUS REPORT

PLEASE READ INSTRUCTIONS THEN COMPLETE ALL ITEMS (TYPE OR PRINT LEGIBLY)

	establish its status under the provisuired by the law to file with this dep			ompensation Law, each employing unit is 2-A).							
1.				2. Federal Identification Number							
	BUSINESS NAME OR TRADE NAME										
		n NH, if none, indicate other state. (Do Nation, attach a separate sheet an		For your employment in NH, describe in detail your principal activity							
	CITY	STATE ZIP CODE		3a. For your employment in NH, describe in detail your principal products, processes,							
	PHONE NUMBER	FAX NUMBER		or services.							
	E-MAIL		4. Check (x) type of business								
	MAILING ADDRESS IF DIFFERENT FRO	M ABOVE		Sole Proprietorship LLC (Single member)							
	STREET ADDRESS OR POST OFFICE BO)X		Partnership LLC (Partnership							
				Corporation LLC (Corporation							
	CITY	STATE ZIP CODE		Other							
	PHONE NUMBER	FAX NUMBER									
5.	If a corporation or LLC, enter the Full corporate or LLC name:		//_	State of Registration							
6.		ation described in Section 501(c)(attach a copy of your letter of e		under 501(a) of the Internal Revenue Code?							
7.	Enter date on which employment Enter date wages were first paid i	was first furnished in New Hamp n New Hampshire//_	shire/_	/							
3.	Ceased to furnish employment in	NH on/ Reaso	n:								
9.	Are or will you be subject to the F	ederal Unemployment Tax Act in	the current y	year? Yes No							
0.	Has employment been furnished in NH in preceding years during which you were subject to the Federal Unemployment Tax Law?										
	No Yes, list years:										
1.	Did you acquire the organization, or employer?	trade, business, workforce, or a	ny of the New	Hampshire assets of any other employing un							
	Yes If Yes, date of acquisition: _	/, % of assets acquired	, then	complete questions 11a thru 11d.							
	No If No, skip to item 12.										
1a.	Please provide the name and addr	ress of prior owner.									

(OVER) NHES 0037 R-10/15

11b.	Cł	neck (x)	the typ	e of cha	nge:																
		Reo	rganiza	zation Purchase Assets of business																	
		Tran	nsfer of	of trade of business Merger																	
	Ī	Cha	nge of	of entity (e.g. proprietorship to corporation) Lease of business																	
	Transfer of workforce (employees) If checked, must complete Trade, Business, and Workforce Transfer Report.																				
11.0	11c. Were there any business assets not acquired? Yes No																				
110.			-	s assets i		-		—	ٽ <u>ا</u>												
11d.																					
	If y	es, plea	se expl	ain:				_													
12.	En	ter the gr	ross pay	roll of you	ır busine	ss for the	curren	and two	prior cal	endar ye	ears. (Ne	w Hamp	shire Pa	yroll Or	nly)						
	Calend	lar Year			1st Qu	uarter		2nd Quarter					3rd Q	uarter		4th Quarter					
\$												\$				\$					
				\$ \$				\$				\$				\$ \$					
				<u> </u>								Ψ				ĮΨ					
13.	Do you expect to have a gross payroll of at least \$1,500 in a calendar quarter?																				
Yes Enter the earliest quarter and year this occurred (or will occur)																					
No If No, have you or do you expect to employ at least one worker in 20 different weeks in a calendar year? If so, when did this occur (or will occur)?																					
14 Fn	er hy we					om you fu		d emplo	vment ir	Now H	amnehi	ra Show	w curren	t calenc	lar vear	employr	ment fro	et follow	ed by		
employ	ment in a	all preced	ding cal	endar ye	ars. Not	e: A wee															
		-	urday. (Emp 101	.01)		241 541							041.51		4 D					
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OCT			-	-			OCT		-		_	-	-	OCT NOV	-	-	-	+	-		
DEC							DEC						<u> </u>	DEC							
15.	In a	ddition to	o the en	nploymer	nt showr	n under it	em 14,	did you	engage	in any "	self em	oloyed ir	ndividual	ls", "sub	-contrac	ctors", co	nsultan	its", etc?)		
		No	Ye	s, furnish	n name,	trade, an	ıd addr	ess belo	w (use l	olock 19	or a se	oarate s	heet if n	ecessar	y)						
						Dor	nesti	:-Hous	ehold	Emplo	ymen	t Secti	ion	_	_						
16.		•				ave a \$1,			•				Yes	; <u> </u>	No						
						ear this							r								
17.						in a sole RSA 282							emplovin	a unit n	amed he	erein an	d that th	nis repor	t includ-		
	ing	any acco	ompany	ing sche	dules an	d statem	ents, is	to the b	est of m	y (our)	knowled	ge and	belief, a	true, co	rrect, ar						
	the	informati	ion rela	ting to the	e matter	s require	d to be	reporte	d in this	report o	f which	I (we) ha	ave any	knowled	dge.						
	NAI	ME							FIRM N	IAME					D/	ATE					
	SIG	NATURE	E						ADDF	RESS					Ph	HONE					
18.	This	report r	nust be	signed b	y owner	r, all partr	ners, a	uthorized	d corpor	ate off c	ers, and	authori	zed men	nbers of	limited	liability o	compan	ies.			
						tion in thi			ing any	attached	d sheets	, is true	and corr	ect to the	ne best o	of my (o	ur) knov	vledge a	ind		
belief and is signed under penalty of law (RSA 282-A Name (Type or Print) Social Security Number							Resident Address					Titl	e	Т	Signature						
	(1)							Resident Address					Title				g				
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19.	Re	emarks													•						
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