


1. Enter the name by which the business is known. Examples: "A & B Hardware", Whiteway Theater. List your business telephone number.
2. Enter Your Federal Identification Account Number.
3. Enter address to which forms for reports, notices and correspondence should be mailed by Commission.
4. Enter a check mark after the word that properly describes type of ownership of your business.
5. Enter full name, residence address, telephone number and Social Security Number of all owners, partners, corporate officers or members. Attach additional sheet if sufficient space is not provided. All corporate officers, including officers of Sub-Chapter S corporations, are considered employees for unemployment tax reports.
6. Enter full corporate name (as it appears on your corporate seal), date of incorporation or filing and State which incorporated.
7. When you reported to the U.S. Internal Revenue Service that you were chartering a limited liability company, you were required to "check the box" on IRS Form 8832 to inform them how you wanted to be taxed. Your answer here should be the same as you selected for federal tax purposes.
8. If your answer is "Yes", please attach a copy of your letter of exemption from the Internal Revenue Service.
9. Date your firm entered business in Oklahoma.
10. Enter the earliest date on which services were performed and wages paid in Oklahoma.
11. State what kind of business you operate in Oklahoma and the principal product manufactured or traded.
12. If your answer was "Yes", please enter name and address of former owner and date acquired.
13. If "Yes", enter the year you first became liable.
14. Self explanatory.
15. Attach additional sheet if necessary.
16. Enter gross payroll of your business by quarter for the current year and the preceding to (2) calendar years (Oklahoma payroll only).
17. Enter by week the number of workers to whom you furnished employment in Oklahoma. Include both full-time and part-time employees. Indicate current calendar year employment followed by employment in preceding calendar years. A week is seven (7) consecutive calendar days beginning at 12:01 A.M. Sunday and ending at 12:00 midnight on the next succeeding Saturday.
18. Must be signed by owner, partner, corporate officer or authorized official.

Mail completed and signed form to:

***Oklahoma Employment Security Commission
Attn: Employer Compliance
P O Box 52003
Oklahoma City OK 73152-2003
(405)557-5330
fax (405)557-7271***

1. Business or Trade Name							Telephone No.					2. Federal Identification					
3. Business mailing address (no. & St.)							(City or Town)					(State)		(Zip)			
4. Type of Organization:							Sole Proprietor		Partnership		Corporation		LLC		Ltd Partnership		Other (Specify)
Tribal Rated Tribal Reim							Non-Profit Rated		Non-Profit Reim		Gov 1%		Gov Reim				
5. Owners/Partners/Corp Officers/Members							Title		Residence Address		Telephone		Stock Ownership%				
Name-SSA#-																	
Name-SSA#-																	
Name-SSA#-																	
6. If a Corporation, LLC, LLP, Enter Full Name							State of Incorporation or Filing			Date of filing							
7. If an LLC or LLP, how have you chosen to be taxed for federal tax purposes?																	
Sole Proprietor					Partnership			Corporation									
8. Is your Business a nonprofit organization? Yes No Do you have a 501(c)(3) exemption? Attach Copy. Yes No																	
9. Date entered business in Okla.							10. Date of first employment in Okla.										
11. Describe the exact nature of your business or employment activity and list the principal products manufactured or traded in Oklahoma:																	
12. Did you acquire an established business in Oklahoma? Yes No																	
If Yes, did you acquire substantially all of the Oklahoma trade, organization, employees, business or assets? Yes No																	
See O.S. 40 3-111 and 3-111.1 Date of acquisition: _____																	
Name, Address and Oklahoma account number of former owner.																	
13. Are you liable under the Federal Unemployment Tax Act? Yes No																	
If Yes, enter year liable:																	
14. If you have previously filed reports to the Oklahoma Employment Security Commission show name and account number.																	
15. Show addresses of all locations in Oklahoma: (1)																	
(2) (3)																	
16. Enter gross Oklahoma payroll for the current and two prior calendar years:																	
Calendar Year		1 st Qtr.			2 nd Qtr.			3 rd Qtr.			4 th Qtr.						
_____		\$ _____			\$ _____			\$ _____			\$ _____						
_____		\$ _____			\$ _____			\$ _____			\$ _____						
_____		\$ _____			\$ _____			\$ _____			\$ _____						
17. Enter by week the number of workers you employed in Oklahoma during the same period.																	
Yr__	1st wk.	2nd wk.	3rd wk.	4th wk.	5th wk.	Yr__	1st wk.	2nd wk.	3rd wk.	4th wk.	5th wk.	Yr__	1st wk.	2nd wk.	3rd wk.	4th wk.	5th wk.
Jan.						Jan.						Jan.					
Feb.						Feb.						Feb.					
Mar.						Mar.						Mar.					
Apr.						Apr.						Apr.					
May						May						May					
Jun.						Jun.						Jun.					
Jul.						Jul.						Jul.					
Aug.						Aug.						Aug.					
Sep.						Sep.						Sep.					
Oct.						Oct.						Oct.					
Nov.						Nov.						Nov.					
Dec.						Dec.						Dec.					
Note: Must be signed by owner, all partners, corporate officers or authorized official.																	
18. Signed: _____ Title _____ Date _____																	
For Commission use only										Control No.							
State No					FEIN					 0001							
L-Date		E-Date			S-Date			R-Date									
L-Code			Pred No														

Auxiliary Aids and Services are available upon request to individuals with disabilities