



REPORT TO DETERMINE STATUS STATE AND LOCAL GOVERNMENT

1. Federal No. _____ - _____

Employer Name _____

Mailing Address _____

Physical Business Address in Tennessee (other than employee residence) if different from above:

Phone _____

Fax _____

Email Address _____

Business Website _____

OFFICIAL USE ONLY					
Tennessee ID Number	M. No.	County	Alt Zip		
Liab. Org.	First Employment		Date Liable		
Comp Year	NAICS	M-NAICS	ROC	VERIFIED	
Previous No.		Rate			

Note: Attach copy of Public Act creating your governmental organization.

2. (a) Type of governmental entity: State Government Local Government
 (b) List below all state or local governmental agencies or departments that will report under this account number.

Agency or Department	Address	County	Nature of Service	Number of Employees

Attach list if additional space is needed.

- (c) Name and Title of three (3) principal officers or officials:

(1) Name	(2) Name	(3) Name
(1) Title	(2) Title	(3) Title

3. Name of person responsible for payroll records _____ Phone Number _____

4. Date your governmental entity first had employees in Tennessee _____

5. Does your governmental entity elect to reimburse the Department of Labor and Workforce Development for benefits paid in lieu of paying premiums? YES NO **If answer is YES complete Reimbursement Election on page 2 of this form. (See Page 2.)**

NOTE: Reimbursing employers are liable for all benefits based on wages paid by them including overpayments due to administrative errors or improper employer reporting.

THIS REPORT MUST BE SIGNED BY AN AUTHORIZED OFFICIAL.		
DATE	SIGNATURE	TITLE

ELECTION TO BECOME A REIMBURSING EMPLOYER

Federal No. _____ - _____

Date _____

Pursuant to the provisions of Section 50-7-403(h) of the Tennessee Employment Security Law, the undersigned eligible employer elects to reimburse the Tennessee Department of Labor and Workforce Development for all unemployment insurance benefits (including the amount of extended benefits) charged to this legal entity during the effective period of election.

This employer elects to reimburse the Department of Labor and Workforce Development for benefits charged by one of the two methods indicated below:

1. The Department shall bill the employer on a monthly basis for the full amount of regular benefits plus one-half of extended benefits paid attributable to service in the employ of the employer. The employer shall make full payment of the billed amount within thirty (30) days from the date the bill was mailed to the employer, unless the employer has filed an application for a review and redetermination of such bill. If an application for a review and redetermination has been filed, the employer must pay the bill in full within fifteen (15) days of the final determination of this issue by the Department of Labor and Workforce Development.

OR

2. The employer shall on a quarterly basis pay a percentage of its total payroll for the immediately preceding calendar year. The percentage will be determined by the Department based on the employer's average unemployment benefit cost during the preceding calendar year. (The Department will determine the percentage if the employer did not pay wages in the preceding calendar year.) At the end of the calendar year, the Department will determine whether the total payments are less than or in excess of benefits chargeable to the employer during the calendar year. If the payments are insufficient, the employer will be billed for the unpaid balance. If the payments are in excess of benefit charges, the Department may, at its discretion, refund all or part of the excess or may retain all or part as payment against charges expected to be incurred in the next calendar year.

This agreement is effective for a minimum of one complete taxable year. Any request to terminate this agreement and become a premium-paying employer must be filed in writing with the administrator of the Employment Security Division within thirty (30) days prior to the end of the then current taxable year. (All taxable years end on June 30th.)

Agency _____

By _____

Title _____