

TN DEPT OF LABOR AND WORKFORCE DEVELOPMENT
 DIVISION OF EMPLOYMENT SECURITY
 EMPLOYER SERVICES (STATUS/RATES)
 220 FRENCH LANDING DRIVE
 NASHVILLE TN 37243
 (615)741-2486 Fax (615)741-7214



REPORT TO DETERMINE STATUS STATE AND LOCAL GOVERNMENT

OFFICIAL USE ONLY				
Tennessee ID#	M. No.	SIC	County	Area
Liab. Org.	First Employment	Date Liable	Rate	
Comp Year	NAICS	M-NAICS	M-SIC	
Previous No.	ROC	AUX-SIC	VERIFIED	

1. Federal No. _____

Name _____

Address _____

Phone _____

E-Mail Address _____

Fax _____

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

2. PHYSICAL ADDRESS in Tennessee if different from above: _____

3. (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 _____

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

5. Date your governmental entity first had employees in Tennessee ____/____/____

6. 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

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 _____