# REPORT TO DETERMINE LIABILITY

JOB SERVICE NORTH DAKOTA
UNEMPLOYMENT INSURANCE
SFN 41216 (R. 11-08)

Job Service North Dakota
jobsnd.com

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UI TAX AND FIELD SERVICES
PO BOX 5507
BISMARCK NORTH DAKOTA 58506- 5507
701-328-2814 TOLL-FREE1-800-472-2952 TTY RELAY ND 800-366-6888
Web Link to: New Business Registrations in North Dakota

| 1. Business Name | | | | 3. Telephone Number |
|---|---|---|---|---|
| 2. Corporate or Legal Name | | | | 4. Federal Employer ID (FEIN) |
| 5. Mail Address (Number and Street or P.O. Box) | City | State | Zip Code | Internet Address (optional) |
| 6. Street Address (Number and Street) | City | State | Zip Code | E-mail Address Hiring Official (optional) |

7. Indicate Name of any Other Business Operated in North Dakota by this Ownership

8. Type of Ownership ☐ Individual ☐ Corporation ☐ Nonprofit Corporation ☐ Government ☐ Indian Tribe or Wholly-Owned Entity of an Indian Tribe

☐ Partnership _____ (Indicate type: general, LP, LLP, etc.) ☐ Limited Liability Company (LLC) _____ (Indicate treatment for federal income tax reporting - corporation, partnership, etc.)

☐ Cooperative ☐ Other (Describe) _____

| In what state was your business originally incorporated/registered? | Date |
|---|---|
| | |

9. List the owner(s) and all partners or corporate officers. Also, any corporate director or employee having a 20 percent or more ownership interest. Attach separate sheet if necessary.

| Name | Home Address | Title | Social Security Number* | Percent Owner |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

* In compliance with the Privacy Act of 1974, a Social Security Number is mandatory on this form pursuant to 20 CFR 666.150 and/or North Dakota Century Code 52-02-02. This number is used by Job Service North Dakota for identification, federal and state tax, program eligibility purposes and program performance accountability.

10. Date you first employed workers in North Dakota

**If you are a government entity, Indian tribe, or wholly-owned entity of an Indian tribe, go to Question 17.**

11. Did you acquire any part of the ND assets or business of another employer or change your business status/structure in any way?
☐ Yes ☐ No **If yes, complete Schedule B.**

12. Are you liable for federal unemployment taxes (FUTA)?
☐ Yes ☐ No If yes, go to Question 18. You will be covered under North Dakota law as of the first day you employ workers in this state.

13. Are you a nonprofit organization exempt from income taxes under Section 501(c)(3), IRS Code?
☐ Yes ☐ No **If yes, complete this section and attach a copy of your exemption letter from the IRS.** You need not complete sections 14 and 15.

As a nonprofit organization, have you employed four or more persons during 20 weeks of any calendar year?
☐ Yes ☐ No If yes, date the 20th week was first reached. _____

When answering Questions 14 and 15, include as employees all part-time workers and non-exempt (see Employer's Guide) corporate officers and limited liability company managers. Do not include spouse, children under 18 who live at home, or parents of an individual owner - this does not apply to corporations or limited liability companies. This exclusion applies to partnerships only if the worker has an exempting relationship with each partner.

14. Enter the amount of wages you **have paid** in North Dakota (do not estimate or include wages earned but not paid):

| | Jan. 1 to March 31 | April 1 to June 30 | July 1 to Sept. 30 | Oct. 1 to Dec. 31 |
|---|---|---|---|---|
| Current Year | $ | $ | $ | $ |
| Preceding Year | $ | $ | $ | $ |
| Prior Year | $ | $ | $ | $ |

15. During the 20 weeks of any calendar year, have you employed:

a. One or more persons in general employment? ☐ Yes ☐ No
If yes, give date on which the 20th week was first reached. _____

b. Ten or more persons in agricultural employment? ☐ Yes ☐ No
If yes, give date on which the 20th week was first reached. _____

16. If it is determined that you are not now liable for coverage, do you want to become covered voluntarily? ☐ Yes ☐ No

17. Complete this section only if you are a governmental entity, Indian tribe or wholly-owned entity of an Indian tribe, or a 501(c)(3) tax exempt organization and answered yes to either Question 13 or 16.
Select one of the following benefit financing options:

☐ Reimbursement of benefit payments attributable to employment with your organization.
☐ Payment of taxes on your quarterly taxable payroll at the rate applicable for new employers.
☐ Advanced reimbursements at a percent of your quarterly total payroll to be redetermined annually.

18. Have any individuals you do not consider employees performed services for you in North Dakota? ☐ Yes ☐ No
If yes, give reasons for excluding them and indicate number of persons involved.

19. Does any part of your business activity include the provision of "temporary" or "leased" workers to a client company? ☐ Yes ☐ No

20. Give a specific description of your business activity in North Dakota.

Enter on separate lines the principal product or activities of your firm. Following each item, list the percentage of sales value or receipts received from the product or activity; i.e., retail men's clothing, electrical construction-residential, or long haul trucking-refrigerated van.

| | % | | % |
|---|---|---|---|
| | % | | % |

21. Business Locations: Enter the North Dakota addresses from which your employees work and indicate if the location is permanent or temporary. If you do not maintain an office in North Dakota, enter the employee's address.

| Address | City | State | Zip Code | Telephone | Permanent | Temporary |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |

Remarks:

22.

| Contact Person | Title | Telephone Number | Fax Number |
|---|---|---|---|
| Signature of Authorized Representative | Title | Telephone Number | Date |

## REPORT TO DETERMINE LIABILITY

SCHEDULE B - SUCCESSORSHIP QUESTIONNAIRE

Successorship Reporting Requirement. If you acquired all or part of the organization, business, trade, or assets of another employer and will continue essentially the same business activity, you must provide the following information. If you made multiple acquisitions, you must file a separate Schedule B for each acquisition.

| UI Account Number, if already assigned | Federal Employer Identification Number **(required)** |
|---|---|
| | |

**PART 1: FORMER OWNER INFORMATION**

| Former Owner's Name | Former Owner's UI Number or FEIN, if known | | |
|---|---|---|---|
| Corporate Name or DBA | | Area Code and Telephone Number | |
| Current Street Address (not a P.O. Box) | City | State | ZIP |

**PART 2: ACQUISITION INFORMATION**

| | | | |
|---|---|---|---|
| 1. Did you acquire all, part or none of the former owner's assets? ☐ All ☐ Part ☐ None | Percent Acquired | Date Acquired | |
| 2. Did you acquire all, part or none of the former owner's workforce? ☐ All ☐ Part ☐ None | Percent Acquired | Date Acquired | |
| 3. Did you acquire all, part or none of the former owner's North Dakota trade (customers/accounts)? ☐ All ☐ Part ☐ None | Percent Acquired | Date Acquired | |
| 4. Did you acquire all, part or none of the former owner's North Dakota business (products/services)? ☐ All ☐ Part ☐ None | Percent Acquired | Date Acquired | |
| 5. Was the North Dakota business being operated at the time of the acquisition? If no, enter the date it was closed by the former owner. ☐ Yes ☐ No | | Date (MM, DD, YYYY | |
| 6. Are you continuing the North Dakota business you acquired? ☐ Yes ☐ No | | | |
| 7. Is your North Dakota business substantially owned or controlled in any way by the same interests that owned or controlled the former business? ☐ Yes ☐ No | | | |
| 8. Will the previous business/account continue in business in North Dakota? ☐ Yes ☐ No | | | |
| 9. If eligible, do you wish to continue the experience rating established by the acquired/previous business? ☐ Yes ☐ No<br>**If you do and are assigned your predecessor's tax rate, your new account will also be chargeable for any benefits payable to your predecessor's workers.** | | | |

**NDCC 52-04-08.2 provides for penalties in cases where the acquisition of a business is solely or primarily for the purpose of obtaining a lower unemployment insurance tax rate. Criminal and/or civil penalties apply.**

| Print Name of Owner/Officer | Title | |
|---|---|---|
| Signature of Owner/Officer | Telephone Number | Date |

Attach this schedule to Form SFN 41216, Report to Determine Liability, and mail to Job Service North Dakota, UI Tax and Field Services, PO Box 5507, Bismarck, ND 58506-5507.

**Notice**: Wage and other confidential information collected from employers as part of the unemployment insurance process may be requested and utilized for other governmental purposes, including, but not limited to, verification of eligibility under other government programs as required by law.