

OHIO DEPARTMENT OF JOB AND FAMILY SERVICES

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P.O. Box 182404
Columbus, Ohio 43218-2404
(614) 466-2319
http://eric.oh.gov



JFS-66300



REPORT TO DETERMINE LIABILITY

Congratulations on starting a business in Ohio. To obtain an Ohio Unemployment Compensation Tax Account immediately, please visit our web site at http://eric.oh.gov anytime of the day or night. If you prefer, you may submit your information by completing this form and we will notify you in writing of your account number within 4-6 weeks. When completing this form, please neatly print using block capital letters in black ink. For example:

A B C D E F G H I

1.a Legal Entity Name

Note: If estate, trust, guardianship or receivership, please enter the name of the individual or business that it is for.

Grid for legal entity name

1.b Trade Name (Doing Business As) - If no trade name, please leave blank.

Grid for trade name

1.c Telephone Number

Extension

1.d Fax Number

Grid for telephone and fax numbers

1.e Business Email

Grid for business email

1.f Business Web site

Grid for business web site

1.g Physical Business Address

Attention

Grid for attention name

Address Line 1 - Please do not enter a PO Box

Grid for address line 1

Address Line 2 - Please do not enter a PO Box

Grid for address line 2

City

Grid for city

State

ZIP

Country

Grid for state, zip, and country

Province - International addresses only

Postal Delivery Code - International addresses only

Grid for province and postal delivery code



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1.h Mailing Address (if different than physical business address):

Note: To have your correspondence sent to a representative (i.e., accountant, payroll company, etc), please complete an Employer's Representative Authorization form (JFS 00501).

Attention

[Grid for Attention field]

Address Line 1

[Grid for Address Line 1]

Address Line 2

[Grid for Address Line 2]

Address Line 3 - Please enter PO Box here. If a PO Box is used, physical business address must be provided in item 1.g

[Grid for Address Line 3]

City

[Grid for City]

State

ZIP

Country

[Grid for State]

[Grid for ZIP]

[Grid for ZIP separator]

[Grid for Country]

Province - International addresses only

Postal Delivery Code - International addresses only

[Grid for Province]

[Grid for Postal Delivery Code]

2. Type of business operation (choose one):

- Individual Partnership Association Joint Venture Limited Liability Company (taxed as corporation)
- Limited Liability Company (taxed as individual) Limited Liability Company (taxed as partnership)
- Limited Partnership Public Entity
- Corporation

State of inc.

Date of inc. (MM/DD/YYYY)

Charter Number

[Grid for State of inc.]

[Grid for Date of inc. MM]

[Grid for Date of inc. DD]

[Grid for Date of inc. YYYY]

[Grid for Charter Number]

Fiduciary (i.e., trust, estate, guardianship or receivership)

[Grid for Fiduciary details]

Enter name of Trustee, Executor, Guardian or Receiver

[Grid for Name of Trustee, Executor, Guardian or Receiver]

Other (explain)

[Grid for Other (explain)]



T 3. Provide the following information regarding the principal member(s) of the business (i.e., individual, partners, corporate officers, etc.): **T**

Note: If you selected Public Entity in question #2, you must provide the name of an individual to be responsible for the receipt of all forms, reports and billings.

Salutation (Mr, Mrs)	Position or Title	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

First Name

Last Name

Address Line 1

Address Line 2

Address Line 3 - Please enter PO Box here

City

State	ZIP	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

Province - International addresses only	Postal Delivery Code - International addresses only
<input type="text"/>	<input type="text"/>

Telephone Number	Fax Number
<input type="text"/>	<input type="text"/>

Email

Salutation (Mr, Mrs)	Position or Title	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

First Name

Last Name

Address Line 1

Address Line 2

Address Line 3 - Please enter PO Box here

City





9.b Describe the type of services performed, products made, sold, etc.

[Empty rectangular box for describing services performed]

9.c What Ohio county do you employ the greatest number of workers:

[Grid of 17 boxes for county selection]

9.d Do you have more than one business location in Ohio? Yes No

9.e Is this establishment primarily engaged in performing services for other units of the company? Yes No

If yes, indicate nature of activity:

Central Administrative Office, Storage (warehouse), Research, Development, or Testing, Other [Grid]

NOTE: If you have any questions in regard to questions 9.a thru 9.e, please telephone (614) 644-2689

10. What Type of Business are you engaged in? (Please only check one and answer the questions below it):

General

a. Have you paid or will you pay wages of \$1,500 or more in covered employment in a calendar quarter? Yes No
b. If yes, enter the date this occurred or will occur: [Grid]
c. Have you had or will you have at least one employee in covered employment for some portion of a day in each of 20 different weeks in any calendar year? Yes No
d. If yes, enter the date this occurred or will occur: [Grid]

Agricultural

a. Have you paid or will you pay wages of \$20, 000 or more in covered employment in a calendar quarter? Yes No
b. If yes, enter the date this occurred or will occur: [Grid]
c. Have you had or will you employ at least 10 individuals in agricultural employment for some portion of a day in each of 20 different weeks in any calendar year? Yes No
d. If yes, enter the date this occurred or will occur: [Grid]

Domestic

a. Have you paid or will you pay wages of \$1,000 or more in covered employment in a calendar quarter? Yes No
b. If yes, enter the date this occurred or will occur: [Grid]

Non-Profit Organization or Indian Tribe

a. Do you have a Federal Letter of Exemption from paying income taxes under Section 501(c)(3) of the Internal Revenue Code? Yes No

b. If yes, submit a copy of the Exemption Letter with this application.

c. If no, have you applied for one? Yes No

Note: If no, please complete the questions under General.

d. Have you employed or will you employ at least 4 individuals in covered employment for some portion of a day in each of 20 different weeks? Yes No

e. If yes, enter the date this first occurred or will occur: / /

f. If determined liable, do you wish to be set up as a Contributory Reimbursing
Contributory or Reimbursing employer?

g. If you are not otherwise subject to unemployment compensation law, would you like to voluntarily cover your employees for unemployment compensation? Yes No

Government Agency or Public Entity

a. Did you employ at least one (1) individual in covered employment (Elected Officials are not considered as covered employment)? Yes No

Church or Organization operated primarily for religious purposes

11. Do you have any workers who perform services for your business whom you consider to be self-employed or independent contractors? Yes No

Certification: I hereby certify that the information given in this report is true to the best of my knowledge and belief.

Signature:

Date / /

Title

