

NO ACTION WILL BE TAKEN AND THE FORM RETURNED IF NOT PROPERLY COMPLETED AND SIGNED.

APPLICATION FOR UNEMPLOYMENT INSURANCE

PART I - IDENTIFICATION AND TYPE OF EMPLOYMENT

EMPLOYER RESERVE ACCOUNT

1. Name & Mailing Address:

UI-1 (R. 06/91)

(To be completed by all employers)

5. Check type of employment and complete remainder of form as indicated.

- \_\_\_\_\_ Acquired all or part of an existing business - Parts II and VI
  - \_\_\_\_\_ New Business Employer - Parts II and III
  - \_\_\_\_\_ Domestic Employer - Parts II and IV
  - \_\_\_\_\_ Agricultural Employer - Parts II and V
  - \_\_\_\_\_ New 501(c)(3) Non-Profit Employer - Part I Only\*
  - \_\_\_\_\_ Governmental Entity - Part I Only\*
  - \_\_\_\_\_ Resumed Employment - Part II
- Enter Date Employment Resumed: \_\_\_\_\_
- \* Form UI-1S will be sent to you upon return of this form.

2. Telephone # ( \_\_\_\_\_ ) \_\_\_\_\_  
Fax # ( \_\_\_\_\_ ) \_\_\_\_\_

3. Federal Employer ID \_\_\_\_\_

4. If you have previously been assigned an Unemployment Insurance Number, enter it here: \_\_\_\_\_

PART II - GENERAL INFORMATION

6. Describe MAJOR Business Activity IN KENTUCKY (BE SPECIFIC)

- (a)  Retail Trade (Product) \_\_\_\_\_
- (b)  Service (Type) \_\_\_\_\_
- (c)  Construction (Type) \_\_\_\_\_
- (d)  Agricultural (Type) \_\_\_\_\_
- (e)  Ag. Service (Type) \_\_\_\_\_
- (f)  Finance/Insurance/Real Estate (Product) \_\_\_\_\_
- (g)  Transportation/Communication/Utilities (Type) \_\_\_\_\_
- (h)  Wholesale Trade (Product) \_\_\_\_\_
- (i)  Manufacturing (Product) \_\_\_\_\_
- (j)  Domestic \_\_\_\_\_
- (k)  Mining (Product) \_\_\_\_\_
- (l)  Other (Explain) \_\_\_\_\_

7. Is the establishment primarily engaged in performing services for other units of the company?  YES  NO

If, "YES", indicate the nature of activity of this establishment:

- (a)  Central Administrative Office
- (b)  Research, development or testing
- (c)  Storage (warehouse)
- (d)  Other (specify: power plant, etc.) \_\_\_\_\_

8. Identification of Owner, Partners, (General or Limited), Corporate Officers, etc.

SOCIAL SECURITY NUMBER	FIRST NAME	M.I.	LAST NAME	TITLE	TELEPHONE NO.	RESIDENCE ADDRESS

9. Name, Mailing Address and Telephone Number of person with payroll records (if different from above):

10. Type of Organization:  Sole Proprietorship  Partnership  Corporation\*  Other

\* Corporations Only - List state in which incorporated and give name and address of process agent in Kentucky: \_\_\_\_\_

11. Provide the following information for each establishment or location in Kentucky:

Physical Location of Business in Kentucky (Street, City, Zip Code) County No. of Workers

Check here if you wish to file a separate wage and tax report for each location.

12. Prior to beginning employment in Kentucky, were you subject in the current or preceding year under the unemployment compensation law of any other state?  YES  NO If "YES", what State: \_\_\_\_\_

PART III - NEW BUSINESS EMPLOYMENT (Do not include agricultural or domestic employment!) (INCLUDE CORPORATE OFFICERS!)

13. Date on which you first employed a worker in Kentucky (month, day, year): \_\_\_\_\_

14. Date you first paid wages in Kentucky (month, day, year): \_\_\_\_\_

15. Have you or do you expect to have a quarterly payroll of at least \$1,500.00?  YES  NO

If "YES" in what month and year did (or will) this first occur? Month \_\_\_\_\_ Year \_\_\_\_\_

16. Have you or do you expect to employ at least one worker in 20 different calendar weeks during a calendar year?  YES  NO

If "YES" in what month and year did (or will) the 20th week occur? Month \_\_\_\_\_ Year \_\_\_\_\_

Signature: I hereby affirm that I am authorized to sign this report on behalf of the indicated employer, and further affirm that the information provided herein is complete and accurate to the best of my knowledge. I understand that I may be subject to the full penalty of the law for knowingly making a false statement (KRS 341.990).

SIGNATURE

TITLE

DATE

**PART IV - DOMESTIC (HOUSEHOLD) EMPLOYMENT**

17. Date on which you first employed a worker in domestic employment in Kentucky (month, day, year): \_\_\_\_\_
18. Have you or do you expect to have a quarterly domestic (household) payroll of at least \$1,000.00?  YES  NO  
 If yes, in what month and year did (or Will) this first occur? Month \_\_\_\_\_ Year \_\_\_\_\_

**PART V - AGRICULTURAL EMPLOYMENT (INCLUDE CORPORATE OFFICERS!)**

19. Date on which you first employed a worker in agricultural employment in Kentucky (month, day, year): \_\_\_\_\_
20. Have you or do you expect to have a quarterly agricultural payroll of at least \$20,000.00; or, have you or do you expect to employ at least 10 agricultural workers in 20 different weeks during a calendar year?  YES  NO  
 If yes, in what month and year did (or will) this first occur? Month \_\_\_\_\_ Year \_\_\_\_\_

**PART VI - ACQUISITION OF EXISTING BUSINESS - To be completed by both the transferring and acquiring parties.**

21. ENTER DATE OF TRANSFER AND STATUS OF OWNERSHIP PRIOR TO TRANSFER

DATE OF TRANSFER	EMPLOYER NO.	FEDERAL NO.
Names of Owner/s or Officer/s Phone ( )	TYPE OF OWNERSHIP Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Explain) <input type="checkbox"/>	REASON FOR CHANGE Sold..... <input type="checkbox"/> Leased..... <input type="checkbox"/> Lease Reverted..... <input type="checkbox"/> Other (Explain)..... <input type="checkbox"/>
Trade or Business Name & Address		TYPE OF CHANGE Transferred in Entirety (ALL KY OPERATIONS)... <input type="checkbox"/> (Complete #22 - Both Parties Must Sign) Transferred in Part..... <input type="checkbox"/> (Complete #22, 23, 24, 25 & 26 - Both Parties Must Sign)

22. ENTER DATA FOR NEW OWNERSHIP EMPLOYER NO. FEDERAL NO.

Name, Address & S.S. # of Owner/s or Officer/s	TYPE OF OWNERSHIP	TRADE OR BUSINESS NAME, ADDRESS & ZIP CODE
	Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Explain) <input type="checkbox"/>	
Location of Business (Street, City, Zip Code) Phone ( )		Principal Activity Principal Product

23. ENTER DATA FOR RETAINED PORTION EMPLOYER NO. FEDERAL NO.

Name, Address & S.S. # of Owner/s or Officer/s	TYPE OF OWNERSHIP	TRADE OR BUSINESS NAME, ADDRESS & ZIP CODE
	Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Explain) <input type="checkbox"/>	
Location of Business (Street, City, Zip Code) Phone ( )		Principal Activity Principal Product

24. Portion of prior owner/operator's reserve account to be transferred: \_\_\_\_\_ %
25. Percentage of reserve transferred must be based on payroll or number of employees transferred. Please indicate which basis has been used. \_\_\_\_\_
26. Predecessor's date of first employment for transferred portion. \_\_\_\_\_

Signature & Title of Transferor or Disposing Employer Shown in <b>Part 1</b> (Owner or Officer)	Signature & Title of Transferee or Acquiring Employer Shown in <b>Part 2</b> (Owner or Officer)	Date
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