

UI-1

Mississippi Department of Employment Security | M | D | E | S |

**STATUS REGISTRATION**

▶ Always complete entire form ◀

MDES OFFICIAL INFORMATION

Found Date (MM/DD/YYYY):

▶ DO NOT WRITE ABOVE THIS LINE ◀

EMPLOYER ENTITY INFORMATION

1. Federal Employer ID Number (FEIN): -			
2. Organization Type: ☐ Corporation ☐ Partnership ☐ Individual ☐ Non-Profit Corp. ☐ Corporate LLC ☐ Partnership LLC ☐ Individual LLC ☐ Other (enter type):			
3. IF A CORPORATION: a. State of Incorporation:		b. Date of Incorporation (MM/DD/YYYY):	
c. State of Legal Domicile:			
4. IF INDIVIDUAL OWNER: Do you employ any individual(s) not including yourself, your spouse or your children under 21 years of age? YES ☐ NO ☐			
5. Legal Entity Name:		6. Business Name (D/B/A):	
7. Have you paid employees for work performed in Mississippi? YES ☐ NO ☐		7. a. If Yes, provide the date (MM/DD/YYYY) you first employed someone in Mississippi:	
8. Does this business consist solely of agricultural work? YES ☐ NO ☐			
9. Does this business employ domestic help? YES ☐ NO ☐ (This includes housekeepers, sitters, or other domestic employment)			
10. Are you applying for reimbursable status under the Indian Tribal Law? YES ☐ NO ☐			
11. Is this organization a State College, State University or State Hospital? YES ☐ NO ☐			
12. Is this business FUTA (Federal Unemployment Tax) liable in another state? YES ☐ NO ☐			
13. Are you a Professional Baseball Concessionaire? YES ☐ NO ☐			
14. Do you have a Third Party that handles your payroll and/or tax matters? YES ☐ NO ☐			
a. If Yes, Third Party authorized to handle matters for Unemployment Tax: Name: Title:		b. Agent/Officer Phone: () - ext.	
15. Do you have business location(s) in Mississippi? YES ☐ NO ☐			
a. If Yes, list below your places of business in Mississippi and give a description of your operations at each place of business.			
City	County	Number of Employees	Principal Business Activity
16. Are you exempt as an IRS 501 (C) (3) Non-Profit Organization? YES ☐ NO ☐ a. If Yes, attach a copy of your 501(C) (3) exemption.			

EMPLOYER CONTACT DETAILS

1. <u>Physical Address</u>			
Address:			
City:	State:	Country:	ZIP Code:
Phone: () -			
2. <u>Unemployment Tax Mailing Address</u> Same as previous ☐			
Attention:			
Address:			
City:	State:	Country:	ZIP Code:
Phone: () -			
Contact Name (First, MI, Last):		Phone: () - ext.	
3. <u>Unemployment Claims Mailing Address</u> Same as previous ☐			
Address:			
City:	State:	Country:	ZIP Code:
Phone: () -		FAX: () -	

4. <u>Payroll Mailing Address</u> Same as previous ☐			
Address:			
City:	State:	Country:	ZIP Code:
Phone: () -		FAX: () -	
5. Officer or Resident Agent authorized to furnish payroll information: Name: Title:			
6. Preferred Mode of Correspondence: ☐ USPS ☐ E-Mail ☐ Telephone ☐ FAX ☐ Other (enter type):			
7. Employer E-Mail Address:			

BUSINESS OWNERSHIP			
1. List the Name, Title, Social Security Number and Address of the Proprietor, Partners or Corporate Officers.			
NAME (First, MI, Last)	TITLE	SSN	ADDRESS
		- -	
		- -	
		- -	
2. Beginning Date of Employment in Mississippi (MM/DD/YYYY):		3. Date Acquired (MM/DD/YYYY):	
4. Did you acquire (purchase, inherit, etc) this business: Yes ☐ No ☐		If yes, provide details about the previous owner below.	
a. Name this business was operating under (Doing Business As):		b. Federal Employer Identification Number (FEIN) -	
c. Previous Owner's Current Address:		d. MDES Employer Account Number (EAN): - - -	
e. Phone: () - ext.			
f. Does this business continue to operate? Yes ☐ No ☐			
5. Have you ever been registered with the Mississippi Department of Employment Security? Yes ☐ No ☐			
a. If Yes, provide previous MDES Employer Account Number (EAN): - - -			
b. If Yes, provide previous Federal Employer Identification Number (FEIN): -			

LAST CALENDAR YEAR 20____													
Indicate in each space the TOTAL WAGES you paid during each calendar quarter in the Last Calendar Year.													
1st Quarter				2nd Quarter				3rd Quarter				4th Quarter	
Each box represents a Calendar Week. Indicate by Calendar Week the number of people working for you during each week of the Last Calendar Year.													
1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th
15th	16th	17th	18th	19th	20th	21st	22nd	23rd	24th	25th	26th	27th	28th
29th	30th	31st	32nd	33rd	34th	35th	36th	37th	38th	39th	40th	41st	42nd
43rd	44th	45th	46th	47th	48th	49th	50th	51st	52nd	53rd	xx	xx	xx

CURRENT CALENDAR YEAR 20____													
Indicate in each space the TOTAL WAGES you paid during each calendar quarter in the Current Calendar Year.													
1st Quarter				2nd Quarter				3rd Quarter				4th Quarter	
Each box represents a Calendar Week. Indicate by Calendar Week the number of people working for you during each week of the Current Calendar Year.													
1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th

15th	16th	17th	18th	19th	20th	21st	22nd	23rd	24th	25th	26th	27th	28th
29th	30th	31st	32nd	33rd	34th	35th	36th	37th	38th	39th	40th	41st	42nd
43rd	44th	45th	46th	47th	48th	49th	50th	51st	52nd	53rd	xx	xx	xx

I hereby certify that all the information contained above is true and correct to the best of my knowledge.

Date (MM/ DD /YYYY):	Firm Name:		
Signature:		Title:	

Mail To: MDES
P.O. Box 22781
Jackson, MS 39225 – 2781

Fax To: (601) 321 - 6173