



COMMONWEALTH of VIRGINIA

Virginia Employment Commission

| Number: | | | Feder Num | | - | - | | | | | | [t's f | | | | c.vir | ginia | | |
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| oe of Organization: | | | | Jen | | | | | | | | | | | | mit | | | |
| Sole | Individual | Co | orporation | | .LC | | LL | P | | | | | ۸ ــــــ | | | VEC | | | _ |
| Proprietor | | | - | | | | | - | | | | | Atti | | | | r Acc 1358 | ount | 5 |
| General Parternship | Government | | mited artnership | | Other_ | | | | | <u> </u> | | | Rich | | | | | 3-117 | '4 |
| ate of Incorporation or F | ormation: | | Are you a P Organizatio | | al Emp | loyer | v | 'es | N | lo If yo | es, atta ne, add | ch a li ress, l | ist of a Fed ID | ll clier #, and | nts co I cont | ntain tract l | ing cliei pegin d | nt ate. | |
| Employer Name: | | <u> </u> | | <u> </u> | | Н | + | | <u> </u> | + | | Ļ | Н | + | Ļ | _ | | | |
| Doing Business As: | | | | | | | + | | | + | | + | Н | + | + | <u> </u> | | | |
| Attention: | | | | | | | | | | | | | | | | | | | |
| iness Mailing Address: | | | | | | | _ | | | _ | | _ | _ | _ | _ | | | | |
| Address 1: | | | | | | <u> </u> | + | | <u> </u> | + | | + | Н | + | + | <u> </u> | | | |
| Address 2: | | | | | | $\frac{\square}{\square}$ | $\frac{\perp}{}$ | | $\frac{\square}{\square}$ | + | | + | Н | + | + | | | | |
| City: | | Zip | | | | | <u> </u> | | | | | | Ш | | | | | | |
| State: | | Code: | | | | | <u> </u> | | | | | | | _ | _ | | | | |
| County: | | | Щ | | <u> </u> | | | Щ. | | | | | Щ | | _ | Щ | | | |
| Phone | | | _ | | | Fax | Numb | er: | | | | | - | | | | | | |
| Number: | | | | | | | | | | | | | | | | | | | |
| Number: | | e VA locat | ion, attach | list of ot | her ad | dresses |) | | | | | | | | | | | | |
| Number: | | | ion, attach Employee | | | 7 |) /Works | site | | | | | | | | | | | |
| Number: | owing: | | | | | 7 | | site | | | | | | | | | | | |
| Number: siness Location Address: Select one of the folio | owing: | | | | | 7 | | site | | | | | | | | | | | |
| Number: siness Location Address: Select one of the folio Address 1: | owing: | | | | | 7 | | site | | | | | | | | | | | |
| Number: siness Location Address: Select one of the folio Address 1: Address 2: State: | owing: | Zip Code: | Employee | Residen | ce | Job/ | /Work | | ify loca | ation w | here w | vork i | s actu | ally p | erfo | rmed | | | |
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| Number: siness Location Address: Select one of the followard Address 1: Address 2: State: Name the Locality Is this but other that involved | Physical Local Physical Local Physical Local Physical Local Physical Local Physical Local Physical Physical Physical Physical Local Physical Physic | Zip Code: Virginia C | Employee COUNTY in v | Residen | ce | Job/ | /Work | (Spec | ify loca you havyour biployed | ve any usiness | worke whom | City ers wh | no per consi | Co forms der to | ounty | ces |) | Yes | |
| Number: siness Location Address: Select one of the followard Address 1: Address 2: State: Name the Locality Is this but other that involved Describe | Physical Loca Physical Loca e Virginia CITY or Name: | Zip Code: Virginia C | Employee COUNTY in v | Residen | ce | Job/ | Works | (Spec | you ha | ve any usiness | worke whom | City ers wh | no per consi | Co forms der to | ounty | ces |) | Yes | |
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| Number: siness Location Address: Select one of the followard Address 1: Address 2: State: Name the Locality of the sum of the | Physical Local Physical Local Physical Local Physical Local Physical Local Physical Local Physical Phy | Zip Code: Virginia Coperation in this busind d construct a: | COUNTY in variation?: | Residen | t busin | Job/ | VWork | (Spec | you havyour bi | ve any usiness or inde | workes whome pender of em | City ers who you ent co | no per consi ntract | Co forms der to | ounty | ces | | Yes | |

Tired of paperwork? We can help! Make Changes to your

VUIS-10-27-2015 T-FC-27-2



Report to Determine Liability (T-FC-27)

Account Registration-Continued

| as the business had a total gross payroll of \$1,500 or more in a calendar quarter? Yes No | as the business had a total gross payroll of \$1,500 or more in a calendar quarter? Yes | Compose an employment ty | <u>∢pe ana comp</u> | <u>ilete all</u> | <u>associa</u> | tea ques | tions: | | | | | | | | | 11 | yes, | on wn | iat da | ite? | |
|--|--|---------------------------------|---------------------|---------------------|------------------|----------------------|--------------|------------------|-------------------|---------------|----------|----------|---------------|-----------|------------|----------|----------|----------|----------|------|---|
| as the business had one or more employees for some portion of a day in each of vest (20) different weeks (not necessarily consecutive) in a calendar year? Ves | as the business had one or more employees for some portion of a day in each of vest (20) different weeks (00 necessarily consecutive) in a calendar year? Apriloturus Temporyees: as this business had a total gross payroll of \$20,000 or more in a calendar quarter? Yes No | General Employers: | | | | | | | | | | | | | 7/ | | ٦, | , — | | | 7 |
| Accounting Employers: Is this business had a total gross payroll of \$20,000 or more in a calendar year? Accounting the method you elect to file and pay taxes: Quarterly Accounting the method you elect to file and pay taxes: Quarterly Accounting the method you elect to file and pay taxes: Quarterly Accounting the method you elect to file and pay taxes: Quarterly Accounting the method you elect to file and pay taxes: Quarterly Accounting the method you elect to file and pay taxes: Quarterly Accounting the method you elect to file and pay taxes: Quarterly Accounting the method you elect to file and pay taxes: Quarterly Accounting the method you elect to file and pay taxes: Quarterly Accounting the method you elect to file and pay taxes: Quarterly Accounting the method you elect to file and pay taxes: Quarterly Accounting the method you elect to file and pay taxes: Quarterly Accounting the method you elect to pay taxes: If you is accounting to you with no volunting cover your employees are 860-2-3127 Yes No Local Government or 801(c)(3) employer (Indicate the method you elect to pay taxes); To able Reimbursable Did you acquire any of the organization, trade, business, Yes No If yes, did you acquire: April 19 part thate of Acquisition If Part whath '16 Solet are one of the following: Parthases of Organization Change of Entity Death of Proprietor Change in Fed. ID Number Responsable Party: (If more than one responsible party, attack list) Responsable Party: (If more than one responsible party, attack list) Andress: City State: Zip Phone Certification I. Certify that the information contained in this report, required by the Viginia Unemployment Compensation Act, is true and correct. | Apricultural Employers: Is this business had a total gross payroll of \$20,000 or more in a calendar year? Yes No | s this business had a | ı total gross | payro | II of \$1 | ,500 or | more in a o | calendar | quarte | er? | Yes | | No | Ш | / | | / | | | | |
| as this business had a total gross payroll of \$20,000 or more in a calendar quarter? Yes No No No No No No No | as this business had a total gross payroll of \$20,000 or more in a calendar quarter? Yes No No No No No No No N | wenty (20) different v | veeks (not r | | | | | | | | Yes | | No | | | | | | | | |
| so this business had ten (10) or more employees for some portion of a day in each twenty (20) different weeks (not necessarily consecutive) in a calendar year? Ves | ss this business had ten (10) or more employees for some portion of a day in each Yes No | | | | | | | | | | | | | | 7/ | | | , — | | | |
| Domestic Employers: So this business had a total gross payroll of \$1,000 or more in a calendar quarter? Yes No Mon-Profit Employers: So this business had a total gross payroll of \$1,000 or more in a calendar quarter? Yes No Mon-Profit Employers: Your Organization Exempt from Tax as described in \$01(c) (3) under Section Yes No Non-Profit Employers: Your Organization Exempt from Tax as described in \$01(c) (3) under Section Yes No Non-Profit Employers: Your Organization Exempt from Tax as described in \$01(c) (3) under Section Yes No Non-Profit Employers: No Non-Profit Employers: No Non-Profit Employers: No Non-Profit Employers: No Non-Profit Employers: No Non-Profit Employers: No Non-Profit Employers: No Non-Profit Employers: No Non-Profit Employers: No Non-Profit Subsidiary Non-Profit Subsidiary | Twenty (20) different weeks (not necessarily consecutive) in a calendar year? Vest No Vest Vest Vest Vest No Vest | | | | | | | | | | Yes | | No | H | <u> </u> / | _ | = / | | Н | + | - |
| Non-Profit Employers: Quarterly | Annually Non-Profit Employers: your organization Exempt from Tax as described in SO1(c) (3) under Section Ves | twenty (20) differen | it weeks (no | | | | - | | - | ich | Yes | | No | Ц | / | | _]/ _ | | Ш | _ | |
| Non-Profit Employers: I your Organization Exempt from Tax as described in 501(c) (3) under Section I yes No In this business had four (4) or more employees for some portion of a day in each Yes No Is this business had four (4) or more employees for some portion of a day in each Yes No It wenty (20) different weeks (not necessarily consecutive) in a calendar year? I No is selected, do you wish to voluntarily cover your employees per §60.2-510? Yes No Local Government or 501(c)(3) employer (Indicate the method you elect to pay taxes): Taxable Reimbursable Did you acquire any of the organization, trade, business, employees or any assets of another Virginia employer: Yes No If Yes, div you acquire: All Part attree of Acquisition Select one of the following: Partnership Change or Reorganization Select one of the following: Corporate Change or Reorganization Spin-Off of Subsidiary Corporate Change or Reorganization Spin-Off of Subsidiary Corporate Change or Reorganization Responsible Party: (If more than one responsible party, attach list) Responsible Party: (If more than one responsible party, attach list) Name: Zip Phone Phone Number: Certification I certify that the information contained in this report, required by the Viginia Unemployment Compensation Act, is true and correct. | Non-Profit Employers: I your Organization Exempt from Tax as described in 501(c) (a) under Section | as this business had a | a total gross | payro | ll of \$1 | ,000 or | more in a | calendar | quarte | er? | Yes | | No | | | | | | | | |
| Local Government of Solic (2) a mployer (Indicate the method you elect to pay taxes): If No is selected, do you wish to voluntarily cover your employees per \$60.2-5107 If No is selected, do you wish to voluntarily cover your employees per \$60.2-5107 Yes No Local Government or 501(c)(3) employer (Indicate the method you elect to pay taxes): If No is selected, do you wish to voluntarily cover your employees per \$60.2-5107 Yes No Local Government or 501(c)(3) employer (Indicate the method you elect to pay taxes): If Yes, did you acquire: All Part minet semployees or any assets of another Virginia employer: Select one of the following: Purchase of Organization Spin-Off of Subsidiary Corporate Change or Reorganization (50% or More Partners Change) There common ownership management or control between the predecessor and successor? Responsible Party: (if more than one responsible party, attach list) Responsible Party: (if more than one responsible party, attach list) Name: Certification I certify that the information contained in this report, required by the Viginia Unemployment Compensation Act, is true and correct. | Local Government or 501 (c)(3) employer (Indicate the method you elect to pay taxes): If No is selected, do you wish to voluntarily cover your employees per 560.2-510? If No is selected, do you wish to voluntarily cover your employees per 560.2-510? If No is selected, do you wish to voluntarily cover your employees per 560.2-510? If No is selected, do you wish to voluntarily cover your employees per 560.2-510? If No is selected, do you wish to voluntarily cover your employees per 560.2-510? If No is selected, do you wish to voluntarily cover your employees per 560.2-510? If No is selected, do you wish to voluntarily cover your employees per 560.2-510? If No is selected, do you wish to voluntarily cover your employees per 560.2-510? If No is selected, do you wish to voluntarily cover your employees per 560.2-510? If No is selected, do you wish to voluntarily cover your employees per 560.2-510? If No is selected, do you wish to voluntarily cover your employees per 560.2-510? If No is selected, do you wish to voluntarily cover your employees per 560.2-510? If No is selected, do you wish to voluntarily cover your employees per 560.2-510? If No is selected, do you wish to voluntarily cover your employees per 560.2-510? If No is selected, do you wish to voluntarily cover your employees per 560.2-510? If No is selected, do you wish to voluntarily cover your employees per 560.2-510? If No is selected, do you wish to voluntarily cover your employees per 560.2-510? If No is selected, do you wish to voluntarily cover your employees per 560.2-510? If No is selected, do you wish to voluntarily cover your employees per 560.2-510? If No is selected, do you wish to voluntarily cover your employees per 560.2-510? If No is selected, do you wish to voluntarily cover your employees per 560.2-510? If No is selected, do you wish to voluntarily cover your employees per 560.2-510? If No is selected, do you wish to voluntarily cover your employees per 560.2-510? If No is selected, do you wish to voluntarily cove | ndicate the method yo | ou elect to fi | le and | pay ta | xes: | Quart | terly | An | nually | | | | | | | | | | | |
| as this business had four (4) or more employees for some portion of a day in each free weeks (not necessarity consecutive) in a calendar year? If No is selected, do you wish to voluntarily cover your employees per \$60.2-\$10? Local Government or \$01(c)(3) employer (Indicate the method you elect to pay taxes): Taxable Did you acquire any of the organization, trade, business, employees or any assets of another Virginia employer: All Part atture of Acquisition Select one of the following: Purchase of Organization Spin-Off of Subsidiary Corporate Change or Reorganization (Solve or More Partners Change) Reorganization acquired: The count Number: Responsible Party: (If more than one responsible party, attach list) Name: SSN: Title: SSN: Title: SSN: Certification I certify that the information contained in this report, required by the Viginia Unemployment Compensation Act, is true and correct. Signature Date Print Contact's Name, Title and phone number | at this business had four (4) or more employees for some portion of a day in each reventy (20) different weeks (not necessarity consecutive) in a calendar year? If No is selected, do you wish to voluntarily cover your employees per \$60.2-510? Yes No Local Government or \$01(c)(3) employer (Indicate the method you elect to pay taxes): Did you acquire any of the organization, trade, business, with a voluntarily cover your employees or any assets of another Virginia employer: Select one of the following: Purchase of Change of Entity Death of Proprietor Change or Reorganization Select one of the following: Partnership Change or Reorganization Solin-Off of Subsidiary Corporate Change or Reorganization (50% or More Partners Changed there common ownership management or control between the predecessor and successor? Yes No Title: Responsible Party: (If more than one responsible party, attach list) Name: City: State: Zip: City: State: Zip: Code: Certification I certify that the information contained in this report, required by the Viginia Unemployment Compensation Act, is true and correct. Contact Email Address: | | | | | | | | | | | | | | | | | | | | |
| t wenty (20) different weeks (not necessarily consecutive) in a calendar year? If No is selected, do you wish to voluntarily cover your employees per \$60.2-\$10? Local Government or \$01(c)(3) employer (Indicate the method you elect to pay taxes): Taxable Reimbursable Plot you acquire any of the organization, trade, business, employees or any assets of another Virginia employer: All Part what \$6 | t wenty (20) different weeks (not necessarily consecutive) in a calendar year? If No is selected, do you wish to voluntarily cover your employees per \$60.2-510? Yes No Local Government or 501(c)(3) employer (Indicate the method you elect to pay taxes): Taxable Reimbursable Did you acquire any of the organization, trade, business, yes No If Yes, did you acquire: All Part attree of Acquisition Select one of the following: Purchase of Organization Spin-Off of Subsidiary Corporate Change or Reorganization (50% or Reorganization) Spin-Off of Subsidiary Reorganization Reorganization acquired: The count Number: Responsible Party: (if more than one responsible party, attach list) Name: SSN: Title: SSN: Title: State: City: State: City: Signature Date Print Contact's Name. Title and phone number Contact Email Address:- | | | | | | | ınder Se | ction | Ш | Yes | Ш | No | | | | | | | | |
| Local Government or 501(c)(3) employer (Indicate the method you elect to pay taxes): | Local Government or 501(c)(3) employer (Indicate the method you elect to pay taxes): Did you acquire any of the organization, trade, business, Yes No If Yes, did you acquire: All Part ature of Acquisition Select one of the following: Purchase of Organization Spin-Off of Subsidiary Corporate Change or Reorganization Corporate Change or Reorganization Reorganization Reorganization Reorganization Reorganization Responsible Party: (If more than one responsible party, attach list) Responsible Party: (If more than one responsible party, attach list) Name: SSN: Title: Certification I certify that the information contained in this report, required by the Viginia Unemployment Compensation Act, is true and correct. Print Contact's Name, Title and phone number Contact Email Address: Signature Date Print Contact's Name, Title and phone number | | | | | | - | | - | | Yes | | No | | | | | | | | |
| Did you acquire any of the organization, trade, business, employees or any assets of another Virginia employer: alture of Acquisition Select one of the following: Purchase of Organization Spin-Off of Subsidiary Corporate Change or Reorganization(50% or More Partners Change or Reorganization(50% or More Partners Change) there common ownership management or control between the predecessor and successor? Responsible Party: (if more than one responsible party, attach list) Name: SSN: Name: SSN: Title: Email Address: Residence Address: City: State: City: State: City: State: City: State: Code: Phone Number: Certification I certify that the information contained in this report, required by the Viginia Unemployment Compensation Act, is true and correct. Signature Date Print Contact's Name, Title and phone number Contact Email | Did you acquire any of the organization, trade, business, employees or any assets of another Virginia employer: Yes | If No is selected, do yo | ou wish to vo | luntarily | / cover | your em _l | oloyees per | §60.2-51 | 0? | | Yes | | No | | | | | | | | |
| Did you acquire any of the organization, trade, business, employees or any assets of another Virginia employer: ature of Acquisition Select one of the following: Purchase of Organization Spin-Off of Subsidiary Corporate Change or Reorganization More Partners Change or Reorganization The principle of Spin-Off of Subsidiary Corporate Change or Reorganization Solve or Reorganization More Partnership Change or Reorganization Other The principle of Spin-Off of Subsidiary Corporate Change or Reorganization Other The principle of Spin-Off of Subsidiary Corporate Change or Reorganization Other The principle or Reorganization or Reorganization Other The principle or Reorganization o | Did you acquire any of the organization, trade, business, employees or any assets of another Virginia employer: All Part | Local Government or | 501(c)(3) | employ | r er (Ind | icate the | method you | u elect to | pay tax | (es): | Tay | able | | Reimh | ursahle | | | | | | |
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| Select one of the following: Purchase of | Select one of the following: Purchase of Organization | | sets of anot | her Vir | ginia e | mploye | r: Y | es 🗀 | ■ No | 17 Y 6 | | | | A | II 🗀 | | art | | | | |
| Purchase of Organization | Purchase of Organization | ature of Acquisition | | | | | | | | | | | | | | | | | | | |
| Organization Spin-Off of Subsidiary Corporate Change or Reorganization (50% or More Partners Change or Reorganization (50% or More Partners Changed there common ownership management or control between the predecessor? Yes No me of organization acquired: Date acquired: Responsible Party: (if more than one responsible party, attach list) Name: SSN: Title: Email Address: Residence Address: City: State: Zip Code: Certification I certify that the information contained in this report, required by the Viginia Unemployment Compensation Act, is true and correct. Signature Date Print Contact's Name, Title and phone number | Organization Spin-Off of Subsidiary Corporate Change or Reorganization(50% or More Partners Changed Other More Partners Changed Where Common ownership management or control between the predecessor and successor? Wes No me of organization acquired: Pattnership Change or Reorganization(50% or More Partners Changed Other More Partners Changed Date acquired: Responsible Party: (if more than one responsible party, attach list) Name: SSN: Email Address: City: State: City: State: Code: Phone Number: Certification I certify that the information contained in this report, required by the Viginia Unemployment Compensation Act, is true and correct. Signature Date Print Contact's Name, Title and phone number Contact Email Address: | | | | | | | | | | | | _ | | | | | | | | |
| Spin-Off of Subsidiary Corporate Change or Reorganization (50% or More Partners Kip Change or Reorganization (50% or More Partners Changed or Reorganization) (50% or More Partners Changed or More Partners Changed or Reorganization) (50% or More Partners Changed or More Partners Changed or Reorganization) (50% or More Partners Changed or More Partners Changed or Reorganization) (50% or More Partners Changed or More Partners Changed or More Partners Changed or Reorganization (50% or More Partners Changed or More Partners Changed or More Partners Changed or More Partners Changed or Reorganization (50% or More Partners Changed or More Partners Changed or More Partners Changed or Reorganization (50% or More Partners Changed or Reorganization) (50% or More Partners Ch | Spin-Off of Subsidiary Corporate Change or Reorganization Reorganization (50% or More Partners Changed More Partners Changed More Partners Changed No | | | | Chan | ge of En | tity | Dea | ath of F | Propriet | or | | Cł | ange i | n Fed. | ID N | umbe | r | | | |
| there common ownership management or control between the predecessor? Ages No me of organization acquired: padecessor's VEC Date acquired: Name: SSN: Title: Email Address: Residence Address: City: State: City: State: Certification I certify that the information contained in this report, reguired by the Viginia Unemployment Compensation Act, is true and correct. Signature Date acquired: Phone Number: Certification I certify that the information contained in this report, reguired by the Viginia Unemployment Compensation Act, is true and correct. Signature Date Print Contact's Name, Title and phone number Contact Email | there common ownership management or control between the predecessor and successor? Yes No me of organization acquired: Sedecessor's VEC count Number: Responsible Party: (if more than one responsible party, attach list) Name: SSN: FEIN: Date acquired: SSN: Finall Address: Residence Address: City: State: Certification I certify that the information contained in this report, required by the Viginia Unemployment Compensation Act, is true and correct. Signature Date Print Contact's Name, Title and phone number Contact Email Address: Contact Email Address: | | | | Corne | rate Ch | ange or | | | | | г | ٦. | | | | | | | | |
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