



COMMONWEALTH of VIRGINIA
Virginia Employment Commission

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Report to Determine Liability (T-FC-27)

Account Number: [] [] [] [] [] [] [] [] [] [] []
Federal ID Number: [] [] - [] [] [] [] [] [] [] []

Type of Organization:

Sole Proprietor Individual Corporation LLC LLP
 General Partnership Government Limited Partnership Other _____

Submit to:
VEC
Attn: Employer Accounts
P.O. Box 27483,
Richmond, VA 23261-7483

State of Incorporation or Formation: [] [] Are you a Professional Employer Organization(PEO)? Yes No *If yes, attach a list of all clients containing client name, address, Fed ID#, and contract begin date.*

Employer Name: []

Doing Business As: []

Attention: []

Business Mailing Address:

Address 1: []

Address 2: []

City: []

State: [] [] Zip Code: [] [] [] [] - [] [] [] []

County: []

Phone Number: [] [] [] [] - [] [] [] [] [] [] [] [] Fax Number: [] [] [] [] - [] [] [] [] [] []

Business Location Address:(If more than one VA location, attach list of other addresses)

Select one of the following:

Physical Location Employee Residence Job/Worksite

Address 1: []

Address 2: []

State: [] [] Zip Code: [] [] [] [] - [] [] [] []

Name the Virginia CITY or Virginia COUNTY in which the business is located (Specify location where work is actually performed)

Locality Name: [] City County

Is this business' base of operation in a state other than Virginia; and is this business involved in building or road construction?: Yes No Do you have any workers who performservices for your business whom you consider to be self-employed or independent contractors? Yes No

Describe in detail main business activity in Virginia: _____

When did you first have employees working in Virginia: [] [] / [] [] / [] [] [] []

Number of employees working in Virginia: [] [] [] []

Has this business previously been liable under the Federal Unemployment Tax Act (FUTA)? Yes No If Yes, enter date [] [] / [] [] / [] [] [] []



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Account Registration-Continued

Choose an employment type and complete all associated questions:

If yes, on what date?

General Employers:

Has this business had a total gross payroll of \$1,500 or more in a calendar quarter? Yes No / /

Has the business had one or more employees for some portion of a day in each of twenty (20) different weeks (not necessarily consecutive) in a calendar year? Yes No / /

Agricultural Employers:

Has this business had a total gross payroll of \$20,000 or more in a calendar quarter? Yes No / /

Has this business had ten (10) or more employees for some portion of a day in each of twenty (20) different weeks (not necessarily consecutive) in a calendar year? Yes No / /

Domestic Employers:

Has this business had a total gross payroll of \$1,000 or more in a calendar quarter? Yes No / /

Indicate the method you elect to file and pay taxes: Quarterly Annually

Non-Profit Employers:

Is your Organization Exempt from Tax as described in 501(c) (3) under Section 501(a) of the IRS Code? Yes No (Attach IRS letter as documentation)

Has this business had four (4) or more employees for some portion of a day in each of twenty (20) different weeks (not necessarily consecutive) in a calendar year? Yes No / /

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, employees or any assets of another Virginia employer: Yes No If Yes, did you acquire: All Part

Nature of Acquisition *If Part, what % was acquired?*

Select one of the following:

- Purchase of Organization
- Change of Entity
- Death of Proprietor
- Change in Fed. ID Number
- Spin-Off of Subsidiary
- Corporate Change or Reorganization
- Partnership Change or Reorganization (50% or More Partners Changed)
- Other: _____

Is there common ownership management or control between the predecessor and successor? Yes No

Name of organization acquired:

Predecessor's VEC Account Number: FEIN: - Date acquired: _____

Responsible Party: (if more than one responsible party, attach list)

Name:

SSN: -- Title:

Email Address:

Residence Address:

City:

State: Zip Code: - Phone Number: --

Certification

I certify that the information contained in this report, required by the Virginia Unemployment Compensation Act, is true and correct.

Signature

Date

Print Contact's Name, Title and phone number

Contact Email

Address: _____

