



Report to Determine Liability (T-FC-27)

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: _____

