



# GET YOUR ACCOUNT NUMBER TODAY!



Apply now using **iREG**  
VIRGINIA EMPLOYMENT COMMISSION  
PO Box 1358  
RICHMOND, VIRGINIA 23218-1358



**DO NOT USE THIS FORM IF FILING BY iREG**

1. Federal ID No. (xx-xxxxxx) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

2. Type of Organization: Sole Proprietorship Partnership Limited Partnership Corporation  
LLC Sole Proprietorship LLC Partnership Government or Political Sub-Division Other

3. Name of Employer \_\_\_\_\_

(Enter exact name of legal entity)

Trade Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

c/o (if applicable) \_\_\_\_\_ Fax Number \_\_\_\_\_

Mailing Address/City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Virginia BUSINESS Location Address/City \_\_\_\_\_ Zip Code \_\_\_\_\_

(If more than one Virginia location, attach list of other addresses)

4. If you are a contractor involved with buildings, and/or roads, state the type: \_\_\_\_\_

Do you have a base of operations in any state other than Virginia? Yes No

5. When did you first have employees working in Virginia? \_\_\_\_\_ (MM/DD/YYYY)

Number of employees working in Virginia \_\_\_\_\_ If your business is INACTIVE, give date employment ceased \_\_\_\_\_

Name of successor, if any \_\_\_\_\_

6. Do you work any individuals in the course of your business, or in your home, that you do not consider employees? Yes No

7a. GENERAL EMPLOYERS: Did, or will, your business have a quarterly payroll of \$1,500 or more in Virginia during the current or preceding 3 years? Yes No If "Yes," enter the earliest quarter and year: Qtr. \_\_\_\_\_ Year \_\_\_\_\_

Also, if "Yes," enter the date that you reached \$1,500 or more: \_\_\_\_\_. Enter number of weeks during the current or preceding 3 years you had one or more workers performing services for you for some portion of a day in Virginia:

Wks. \_\_\_\_\_ Yr. \_\_\_\_\_ | Wks. \_\_\_\_\_ Yr. \_\_\_\_\_ | Wks. \_\_\_\_\_ Yr. \_\_\_\_\_ | Wks. \_\_\_\_\_ Yr. \_\_\_\_\_. Enter the date you reached the 20th week for the first time with one (1) or more workers: \_\_\_\_\_.

7b. AGRICULTURAL EMPLOYERS: Did, or will, your agricultural operation have a quarterly payroll of \$20,000 or more in Virginia during the current or preceding 3 years? Yes No If "Yes," enter the earliest quarter and year: Qtr. \_\_\_\_\_ Year \_\_\_\_\_

Also, if "Yes," enter the date that you reached \$20,000 or more: \_\_\_\_\_. Enter number of weeks during the current or preceding 3 calendar years you had ten or more agricultural workers performing services for you for some portion of a day in Virginia:

Wks. \_\_\_\_\_ Yr. \_\_\_\_\_ | Wks. \_\_\_\_\_ Yr. \_\_\_\_\_ | Wks. \_\_\_\_\_ Yr. \_\_\_\_\_ | Wks. \_\_\_\_\_ Yr. \_\_\_\_\_. Enter the date you reached the 20th week for the first time with ten (10) or more workers: \_\_\_\_\_.

7c. DOMESTIC EMPLOYERS: Did, or will, you have a quarterly domestic payroll of \$1,000 or more in Virginia during the current or preceding 3 years? Yes No If "Yes," enter the earliest quarter and year: Qtr. \_\_\_\_\_ Year \_\_\_\_\_

Also, if "Yes," enter the date that you reached \$1,000 or more: \_\_\_\_\_.

8. NONPROFIT EMPLOYERS: Is your organization exempt from Tax under Section 501(a) and 501(c)(3) of the Internal Revenue Code?

Yes No If "Yes," attach a copy of your letter of exemption from the IRS and specify below the number of weeks during the current

and preceding 3 years you had four or more workers performing services for you for some portion of a day in Virginia:

Wks. \_\_\_\_\_ Yr. \_\_\_\_\_ | Wks. \_\_\_\_\_ Yr. \_\_\_\_\_ | Wks. \_\_\_\_\_ Yr. \_\_\_\_\_ | Wks. \_\_\_\_\_ Yr. \_\_\_\_\_. Also, if "Yes," enter the date you reached the 20th week for the first time with four (4) or more workers: \_\_\_\_\_.

9. Have you acquired a business in Virginia? Yes No If "Yes," did you acquire all or part? All Part  
Date acquired: \_\_\_\_\_ (MM/DD/YYYY). From whom did you acquire the business (enter legal entity name and trade name) \_\_\_\_\_.

Previous owner's VEC Account Number: \_\_\_\_\_ (See instructions on Acquisitions).

10. Are you now, or have you ever been, liable for the Federal Unemployment Tax? (This is not to be confused with Social Security or Workers' Compensation) Yes No If "Yes," what year(s): \_\_\_\_\_

11. Describe the kind of business in Virginia, giving specific details of items, customers, etc., such as retail-women's clothes; wholesale-office equipment; construction-single family homes, etc. (See instructions).  
\_\_\_\_\_  
\_\_\_\_\_

12. Is the Virginia business primarily performing services for other units of the same company? Yes No

If "Yes," indicate:

Administrative                      Research, Development                      Storage                      Other  
(ADMN headquarters,                      or Testing                      (Warehouse)                      (Specify)  
DP centers, etc.)

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

14. List the Name, Social Security Number, Residence Address, and Zip Code of the Owner, Partners, or Corporate Officers:

NAME	SOCIAL SECURITY NUMBER	RESIDENCE ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the information contained in this report is true and correct to the best of my knowledge.

Date: \_\_\_\_\_ Employer's Signature: \_\_\_\_\_

Mail completed form to: VEC, Employer Accounts - Room 108, PO Box 1358, Richmond, VA 23218-1358 or FAX to 804-786-5890.

The VEC is an Equal Opportunity Employer/Program. Auxiliary aids and services available upon request to individuals with disabilities.

### ACCOUNT STATUS CODING (FOR VEC USE ONLY)

EMP-ACCT-NO _____	NEW-ACCT-CD _____	TRADE-NAME-CD _____
ADDRESS-CD _____	HOW-LIABLE-CD _____	CONTRBTR-CD _____
AC-STATUS-DTE _____	AC-STATUS-CD _____	FIRST-EMP-DTE _____
LIABILITY-DTE _____	ACQ-CD _____	COMBINED-AC-CD _____
ACQ-DTE _____	SUBSID-AC-NO _____	MASTER-AC-NO _____
WAGE-RPT-CD _____	TYPE-BUSINESS-CD _____	FOREIGN-CTR-CD _____
VEC-20 _____	SUCC-ACCT-NO _____	PRED-ACCT-NO _____
ATTACH/EST-QTR/YR _____	VERIFIED _____	AUX-CD _____
AREA-CD _____	SIC-OWN-CD _____	
MULTIPLANT-CD _____		