

**New York State Employer Registration
for Unemployment Insurance, Withholding
and Wage Reporting for
Indian Tribes**

For office use only: U.I.
Employer Registration No.

Return completed form (*type or print in black or blue ink*)
to the address above, or fax to **(518) 485-8010**

Need Help? Call 1-888-899-8810 or (518) 457-4179

1. FEIN (*Federal Identification no.*)

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2. Telephone no. ()

3. Legal name

4. If your entity is not an Indian Tribe, are you a subdivision, subsidiary, or enterprise wholly owned by the tribe?

Yes No

5. Other commonly known name of entity

6. Type of entity (e.g., housing authority, business, school etc.)

7. Please check the option you wish to use to discharge your unemployment insurance liability:

- Contribution (*Tax*) method
- Benefit reimbursement method

8. Enter the estimated or approximate number of individuals working in **covered** employment:

9. Enter the date **covered** employment began from 12/21/00 to the present:

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(mmddyy)

Do not consider the following as covered employment:

- an elected official
- a member of a legislative body or of the judiciary
- a member of the state national guard or air national guard, except a person who renders such services as a regular state employee
- a person serving on a temporary basis in case of fire, storm, snow, earthquake, flood or similar emergency
- a person in a major nontenured policy making or advisory position
- a person in a policy making or advisory position, the duties of which ordinarily do not require more than eight hours per week to perform
- an inmate of a custodial or penal institution

10. Enter the date of the first payroll from which you withheld or will withhold NYS Income Tax from your employees' pay:

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(mmddyy)

11. Please enter your mailing and/or physical location address, as well as the physical location of your books/records. If you wish to provide us with **ADDITIONAL** addresses to direct specific forms, please indicate below.

11a. **MAILING ADDRESS:** This is **YOUR** business mailing address (*NOT your agent or paid preparer*) where all your Unemployment Insurance/Withholding Tax mail will be directed unless otherwise indicated.

*If all your Unemployment Insurance/Withholding Tax mail (including forms NYS-45 and NYS-1) is to be received at this mailing address, **do not** complete sections 11d through 11f.

Street or PO Box		
City	State	ZIP Code

11b. **PHYSICAL ADDRESS:** This is the **ACTUAL** location of your business if different from the mailing address, or if your mailing address is a P.O. Box. If you have more than one location, list your primary location.

Street		
City	State	ZIP Code

11c. **BOOKS/RECORDS ADDRESS:** This is the physical location where your **BOOKS/RECORDS** can be found.

- Same as no. 11a Same as no. 11b
 Other - please complete

c/o		
Street		
City	State	ZIP Code

ADDITIONAL ADDRESSES

11d. **AGENT ADDRESS (C/O):** This is the address of your **AGENT**, where all your Unemployment Insurance mail will be directed unless other addresses have been provided for the mailing of specific forms in sections 11e and/or 11f.

NOTE: All withholding tax mail (except quarterly return NYS-45 and Return of Tax Withheld coupon NYS-1) must be sent to your mailing address (no. 11a). However, the quarterly return NYS-45 and coupon NYS-1 may be directed to a separate address if no. 11e below is completed.

c/o		
Street or PO Box		
City	State	ZIP Code
Telephone ()		

11e. **QUARTERLY COMBINED WITHHOLDING, WAGE REPORTING AND UNEMPLOYMENT INSURANCE RETURN (Form NYS-45) AND RETURN OF TAX WITHHELD (Form NYS-1) ADDRESS:** If completed, this is the address to which your NYS-45 and NYS-1 will be directed.

- Same as no. 11d Other - please complete

c/o		
Street or PO Box		
City	State	ZIP Code

11f. **NOTICE OF ENTITLEMENT AND POTENTIAL CHARGES ADDRESS:** If completed, this is the address to which the Notice of Entitlement and Potential Charges will be mailed. This form is mailed each time a former employee files a claim for Unemployment Insurance benefits. Please attach a separate sheet if you need to indicate different Notice of Entitlement and Potential Charges addresses for more than one physical location.

c/o		
Street or PO Box		
City	State	ZIP Code

I affirm that I have read the above questions and that the answers provided are true to the best of my knowledge and belief.

Signature and Title of Chief Executive Officer

Date