

New York State Department of Labor  
Unemployment Insurance Division  
Registration Section  
State Office Campus  
Albany, NY 12240-0339

**IMPORTANT INFORMATION ABOUT UNEMPLOYMENT INSURANCE**

As a taxpayer registered with the New York State Department of Taxation & Finance for withholding and wage reporting purposes, you may also need to be registered with the New York State Department of Labor's Unemployment Insurance program.

**If you have already registered for unemployment insurance, you may disregard this notice.** If you have not registered for unemployment insurance or need more information regarding your responsibilities, please see below:

- **Business employers** are liable as of the first day of the calendar quarter in which they pay remuneration totaling \$300 or more to employees, or as of the first day they purchase the business of, or otherwise become successor to, a liable employer.
- **Household employers** are liable as of the first day of the calendar quarter in which they pay total cash remuneration of \$500 or more to employees.

**Business and Household employers - To obtain registration forms, call 1-888-899-8810, or complete the section below and mail to the address listed above or fax to (518) 485-8010. You may also download registration forms or register on-line by visiting the Department of Labor website at [www.labor.state.ny.us](http://www.labor.state.ny.us) and clicking on the Unemployment Insurance Web Services icon.**

- **Non-profit entities** (organizations that qualify for exemption under Section 501(c)(3) of the Internal Revenue Code), **Agricultural, Indian Tribes or Governmental entities** may obtain information by calling 1-888-899-8810.

**Non-profit, Agricultural, Indian Tribes or Governmental employers - To obtain registration forms, call 1-888-899-8810 or complete the section below and mail to the address listed above or fax to (518) 485-8010.**

---

Type of Employer (please check one):

- Business**                       **Non-profit** 501(c)(3) status under IRS Code  
 **Household**                       **Agricultural**                       **Governmental**                       **Indian Tribe**

Send a registration form to:

Business Name: \_\_\_\_\_ FEIN: \_\_\_\_\_

Address: \_\_\_\_\_

OR

Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Contact Name: \_\_\_\_\_