

**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 ink) to the
address above, or fax to (518) 485-8010

Need Help? Call 1-888-899-8810

1. FEIN (Federal Employer Identification Number): -

2. Phone no.: () -

3. Legal name: _____

4. If your entity is not an Indian Tribe, are you a subdivision, subsidy, 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 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:
(mmddyy)

Do not consider the following as covered employment:

- An elected official
- An member of a legislative body or of the judiciary body
- A member of the state national guard or air national guard, except a person who renders such services as a regular state employee
- An inmate of a custodial or penal institution
- 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

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

(mmddyy)

11. Required Addresses.

11a. **Mailing Address:** This is your business mailing address where your Withholding Tax (WT) and Unemployment Insurance (UI) mail will be delivered. However, if you elect to have your UI mail directed to an address other than your place of business, complete number 11d below.

Street or PO Box: _____
 City: _____ State: _____ ZIP Code: _____

11b. **Physical Address:** This is the **physical** location of your business, *if* different from the mailing address in 11a.

Street: _____
 City: _____ State: _____ ZIP Code: _____

11c. **Location of Books/Records:** This is the **physical** location where your Books and Records are maintained.

Same as 11a Same as 11b Other – please complete

C/O: _____
 Street: _____
 City: _____ State: _____ ZIP Code: _____

Additional Addresses

11d. **Agent Address (C/O):** Complete this if your UI mail should be sent to an address other than your business address.

C/O: _____
 Street or PO Box: _____
 City: _____ State: _____ ZIP Code: _____
 Telephone: (____)____ - ____ ext : _____

11e. **LO 400 form – Notice of Entitlement and Potential Charges Address:** If completed, this is where the LO 400 will be directed. It is mailed each time a former employee files a claim for Unemployment Insurance Benefits.

Same as 11d Other – please complete

C/O: _____
 Street: _____
 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.

X _____ //
 Signature of Chief Executive Officer (mm/dd/yyyy)

_____ Phone no.: (____)____ - ____
 Official Position