



STATUS REGISTRATION

Always complete entire form

MDES OFFICIAL INFORMATION

Found Date (MM/DD/YYYY):

DO NOT WRITE ABOVE THIS LINE

EMPLOYER ENTITY INFORMATION

1. Federal Employer ID Number (FEIN): -
2. Organization Type: Corporation Partnership Individual Non-Profit Corp.
3. IF A CORPORATION: a. State of Incorporation: b. Date of Incorporation (MM/DD/YYYY): c. State of Legal Domicile:
4. IF INDIVIDUAL OWNER: Do you employ any individual(s) not including yourself, your spouse or your children under 21 years of age? YES NO
5. Legal Entity Name: 6. Business Name (D/B/A):
7. Have you paid employees for work performed in Mississippi? YES NO 7. a. If Yes, provide the date (MM/DD/YYYY) you first employed someone in Mississippi:
8. Does this business consist solely of agricultural work? YES NO
9. Does this business employ domestic help? YES NO (This includes housekeepers, sitters, or other domestic employment)
10. Are you applying for reimbursable status under the Indian Tribal Law? YES NO
11. Is this organization a State College, State University or State Hospital? YES NO
12. Is this business FUTA (Federal Unemployment Tax) liable in another state? YES NO
13. Are you a Professional Baseball Concessionaire? YES NO
14. Do you have a Third Party that handles your payroll and/or tax matters? YES NO
a. If Yes, Third Party authorized to handle matters for Unemployment Tax: Name: Title: b. Agent/Officer Phone: ( ) - ext.
15. Do you have business location(s) in Mississippi? YES NO
a. If Yes, list below your places of business in Mississippi and give a description of your operations at each place of business.
City County Number of Employees Principal Business Activity
16. Are you exempt as an IRS 501 (C) (3) Non-Profit Organization? YES NO a. If Yes, attach a copy of your 501(C) (3) exemption.

EMPLOYER CONTACT DETAILS

1. Physical Address
Address:
City: State: Country: ZIP Code:
Phone: ( ) -
2. Unemployment Tax Mailing Address Same as previous
Attention:
Address:
City: State: Country: ZIP Code:
Phone: ( ) -
Contact Name (First, MI, Last): Phone: ( ) - ext.
3. Unemployment Claims Mailing Address Same as previous
Address:
City: State: Country: ZIP Code:
Phone: ( ) - FAX: ( ) -



|      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| 15th | 16th | 17th | 18th | 19th | 20th | 21st | 22nd | 23rd | 24th | 25th | 26th | 27th | 28th |
| 29th | 30th | 31st | 32nd | 33rd | 34th | 35th | 36th | 37th | 38th | 39th | 40th | 41st | 42nd |
| 43rd | 44th | 45th | 46th | 47th | 48th | 49th | 50th | 51st | 52nd | 53rd | xx   | xx   | xx   |
|      |      |      |      |      |      |      |      |      |      |      |      |      |      |

I hereby certify that all the information contained above is true and correct to the best of my knowledge.

|                      |            |
|----------------------|------------|
| Date (MM/ DD /YYYY): | Firm Name: |
| Signature:           | Title:     |

Mail To: MDES  
P.O. Box 22781  
Jackson, MS 39225 - 2781

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