

STATE OF MISSOURI  
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
DIVISION OF EMPLOYMENT SECURITY  
573-751-3340  
FAX 573-751-7483

LIA2699X (2) ID \_\_\_\_\_  
FOR Employer No. \_\_\_\_\_  
AGENCY ED \_\_\_\_\_ SD \_\_\_\_\_ DD \_\_\_\_\_  
USE A. & I. \_\_\_\_\_ Sec. \_\_\_\_\_  
ONLY Special Indicators 1 2 3 4 5 6  
NAICS CODE \_\_\_\_\_

**REPORT TO DETERMINE LIABILITY STATUS**

**You are required to complete this form even if you have never had any employees.**

Complete and return within 10 days to Division of Employment Security, P O Box 59, Jefferson City, Missouri 65104-0059.

1. Employing Unit/Employer Name & Address \_\_\_\_\_

2. Account # \_\_\_\_\_

3. Business Phone # \_\_\_\_\_

3a) Fax Phone # \_\_\_\_\_

4. Owner Home Phone # \_\_\_\_\_

5. Federal Identification # \_\_\_\_\_

6. If mailing address differs from Item 1, enter here: \_\_\_\_\_

6a) Give phone number and address where you maintain payroll/disbursement records: \_\_\_\_\_

7. Check type of business organization:  Individual  Estate  Association  Partnership  Corporation  
 Other – Specify Organization: \_\_\_\_\_  Limited Partnership  \*LLC

If corporation, limited partnership, LLC, or LLP show state where registered: \_\_\_\_\_ Charter Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

\*If LLC is indicated, check how the business is taxed  Individual  Partnership  Corporation

8. Trade name/Business name if other than what appears in Item 1: \_\_\_\_\_

9. List owner, partners or officers (attach list if necessary).

Name	Social Security No.	Residence Address	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. First date on which you had one (1) or more workers in Missouri: \_\_\_\_\_

10a) Description of business activities and locations in Missouri. List each location separately or attach list.

Business Location Address	County	Nature of Business/Activities	Avg. No. of Workers
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10b) If no MISSOURI locations, check here

10c) Show DATE in appropriate blank: \_\_\_\_\_ New business (no prior owner/operator) \_\_\_\_\_ Partial Acquisition \_\_\_\_\_ Merger  
\_\_\_\_\_ Acquired a business \_\_\_\_\_ Incorporated an existing business \_\_\_\_\_ Stock ownership change  
\_\_\_\_\_ Other (explain) \_\_\_\_\_

10d) Name, address and telephone number of previous operator: \_\_\_\_\_

10e) Did you continue without interruption all of the previous operator's business activities in Missouri?  Yes  No

If only a part of the business was acquired, explain what was acquired and the percentage of the business operations acquired: \_\_\_\_\_

If activities were interrupted between operators, explain why: \_\_\_\_\_

(CONTINUE ON NEXT PAGE)

11. Do you provide leased employees to anyone?  Yes  No

11a) Are you leasing employees from anyone?  Yes  No

11b) Is there common ownership, management or control with the previous operator?  Yes  No

If "Yes," please explain: \_\_\_\_\_

12. Were you liable under the Federal Unemployment Tax Act in ANY STATE in 2005 \_\_\_\_\_ 2006 \_\_\_\_\_ 2007 \_\_\_\_\_ 2008 \_\_\_\_\_  
 (answer Yes or No for each year)

NOTE: If you are operating as a sole proprietor, DO NOT include yourself, your spouse, mother, father or natural, adopted, foster or stepchildren under the age of 21 when completing Items 10, 13 and 14.

13. List Missouri wages paid in each calendar quarter by type of employment. Include paid officers.  Do Not Estimate Wages	Year	Type of Employment	1st Quarter Wages	2nd Quarter Wages	3rd Quarter Wages	4th Quarter Wages
	2006	Business				
Agricultural						
Domestic						
2007	Business					
	Agricultural					
	Domestic					
2008	Business					
	Agricultural					
	Domestic					
2009	Business					
	Agricultural					
	Domestic					

13a) If you are showing no wages paid, give date you anticipate hiring workers: \_\_\_\_\_

13b) If you do not expect to have workers in Missouri, explain: \_\_\_\_\_

14. Check each week in which someone worked. Include corporate officers, full and part-time workers, commission salespersons, etc.  
 Agricultural and non-profit 501(C)(3) employers must enter actual number of workers in each week.

Week-Ending Dates 2006	JAN 7	JAN 14	JAN 21	JAN 28	FEB 4	FEB 11	FEB 18	FEB 25	MAR 4	MAR 11	MAR 18	MAR 25	APR 1	APR 8	APR 15	APR 22	APR 29	MAY 6	MAY 13	MAY 20	MAY 27	JUN 3	JUN 10	JUN 17	JUN 24	JUL 1	
	JUL 8	JUL 15	JUL 22	JUL 29	AUG 5	AUG 12	AUG 19	AUG 26	SEP 2	SEP 9	SEP 16	SEP 23	SEP 30	OCT 7	OCT 14	OCT 21	OCT 28	NOV 4	NOV 11	NOV 18	NOV 25	DEC 2	DEC 9	DEC 16	DEC 23	DEC 30	DEC 31
Week-Ending Dates 2007	JAN 6	JAN 13	JAN 20	JAN 27	FEB 3	FEB 10	FEB 17	FEB 24	MAR 3	MAR 10	MAR 17	MAR 24	MAR 31	APR 7	APR 14	APR 21	APR 28	MAY 5	MAY 12	MAY 19	MAY 26	JUN 2	JUN 9	JUN 16	JUN 23	JUN 30	
	JUL 7	JUL 14	JUL 21	JUL 28	AUG 4	AUG 11	AUG 18	AUG 25	SEP 1	SEP 8	SEP 15	SEP 22	SEP 29	OCT 6	OCT 13	OCT 20	OCT 27	NOV 3	NOV 10	NOV 17	NOV 24	DEC 1	DEC 8	DEC 15	DEC 22	DEC 29	DEC 31
Week-Ending Dates 2008	JAN 5	JAN 12	JAN 19	JAN 26	FEB 2	FEB 9	FEB 16	FEB 23	MAR 1	MAR 8	MAR 15	MAR 22	MAR 29	APR 5	APR 12	APR 19	APR 26	MAY 3	MAY 10	MAY 17	MAY 24	MAY 31	JUN 7	JUN 14	JUN 21	JUN 28	
	JUL 5	JUL 12	JUL 19	JUL 26	AUG 2	AUG 9	AUG 16	AUG 23	AUG 30	SEP 6	SEP 13	SEP 20	SEP 27	OCT 4	OCT 11	OCT 18	OCT 25	NOV 1	NOV 8	NOV 15	NOV 22	NOV 29	DEC 6	DEC 13	DEC 20	DEC 27	DEC 31
Week-Ending Dates 2009	JAN 3	JAN 10	JAN 17	JAN 24	JAN 31	FEB 7	FEB 14	FEB 21	FEB 28	MAR 7	MAR 14	MAR 21	MAR 28	APR 4	APR 11	APR 18	APR 25	MAY 2	MAY 9	MAY 16	MAY 23	MAY 30	JUN 6	JUN 13	JUN 20	JUN 27	
	JUL 4	JUL 11	JUL 18	JUL 25	AUG 1	AUG 8	AUG 15	AUG 22	AUG 29	SEP 5	SEP 12	SEP 19	SEP 26	OCT 3	OCT 10	OCT 17	OCT 24	OCT 31	NOV 7	NOV 14	NOV 21	NOV 28	DEC 5	DEC 12	DEC 19	DEC 26	DEC 31

15. Are you an organization exempted from Federal income taxes under Section 501(c)(3) of the Internal Revenue Code?  Yes  No.  
 If "Yes," furnish proof. Information regarding your status, rights, and responsibilities under the Missouri Employment Security Law will be furnished.

This information is required to be provided pursuant to Chapter 288 RSMo and 8 CSR 10-4.020 of the Missouri Division of Employment Security and the Internal Revenue Code (26 U.S.C. 85; 6011(a) 6050 B, and 6109(a)), and will only be used by public officials in the performance of their public duties.

**SIGN HERE** \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

Under authority of Section 6103(d) of the Internal Revenue Code, the Internal Revenue Service provides this agency with information necessary for Certification and Audit purposes.