



NEW YORK

ALL EMPLOYERS

- Two-page application
- COVID-19 supplemental application
- 4 most recent quarterly wage reports (NYS-45 forms) – Summary Page only

TAXPAYING EMPLOYERS

- 3 most recent annual “Notice of UI Tax Rate” (IA 97) forms
- 4 most recent “Notice of Experience Rating Charges” (IA 96) forms

REIMBURSING EMPLOYERS

- 18 most recent “Notice of Benefit Reimbursement Charges” (IA 96R) forms

This information is also available online:
<https://labor.ny.gov/ui/authentication/index.shtm>



Organization Profile

Organization Name									
Physical Address				City		State		Zip	
Contact			Title			Website			
Telephone			Fax			Email			

Operations Profile

Type of Entity 501c3 Government Tribe Date Est. When is your fiscal year?

Description of Applicant's Operation

Current UI Funding Method: **Paying State Unemployment Tax** **Reimbursing (self-insured)**

State Acct. No. FEIN

If taxpaying:

Have you paid unemployment taxes for at least two years? Yes No

Are you currently in good standing with the state? Yes No

If reimbursing:

Check current management method:
 Internal Staff Third Party Administrator Group Program

Current administrator/program (if applicable):

Employment Profile

Please attach an additional sheet of paper, as needed, to more fully answer the following questions:

Number of Full-time Employees Number of Part-time Employees Number of W-2s from Prior Year

1. Do you anticipate any loss or reduction in overall revenue within your organization that will result in layoffs, and/or reduction in employees' hours or wages within the next 12 months? Yes No

If yes, please explain and include estimated number of affected employees and date(s) of action.

2. Do you anticipate any elimination or reduction of any revenue source(s) within your organization that will result in layoffs, and/or reduction in employees' hours or wages within the next 12 months? Yes No

If yes, identify the source and provide an explanation (include number of affected employees and date(s) of action.)

3. Do you anticipate any restructuring within your organization that will result in layoffs, and/or reduction in employees' hours or wages within the next 12 months? Yes No

If yes, please explain and include estimated number of affected employees and date(s) of action.

4. Have you experienced any layoffs/staff reductions, other than regular seasonal during the last 12 months? Yes No

If yes, please explain. Include number of affected employees and the dates on which layoffs or staff reductions took place.

5. Do you anticipate an increase in the hiring of employees who will be affected by seasonal layoffs over the next 12 months? Yes No

If yes, please explain. Include number of employees and date(s) of action.

Employment Profile *cont'd*

6. Are you currently or have you, in the past 12 months, had employees whose wages are exempt from unemployment? Yes No

If yes, please explain. Include number of exempt employees and their term of employment.

7. How many of your employees are seasonal and when is their seasonal break?

8. How many of your employees are employed in a Head Start program and when is their term of employment?

9. Please enter the following estimates:

	Gross Wages	UI Benefit Charges (claims paid)	UI Tax Rate (if applicable)	Annual Budget
Current Year	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Prior Year One	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Prior Year Two	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Prior Year Three	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

10. Approximately how many claims do you have annually?

11. Approximately how many of those claims are protested?

12. Estimated Wages for Calendar Year 2021:

Funding Profile

1. What percentage of your annual payroll is attributable to the following funding sources:

Federal	<input style="width: 100%;" type="text"/>	Fundraising or Operations	<input style="width: 100%;" type="text"/>
State	<input style="width: 100%;" type="text"/>	Grants/Other (Please specify.)	<input style="width: 100%;" type="text"/>
City/County	<input style="width: 100%;" type="text"/>		

2. Are there any upcoming funding issues, not previously mentioned on this application, specific to your organization or your sector that might affect your employment levels?

How did you hear about us?

- Insurance Agency
 Nonprofit Association
 Website/Search Engine
 Advertisement
 Event
 Other

Please specify (i.e. Agency Name, Google, Webinar, etc.):

Signature

The information provided on this application form has been confirmed by all necessary parties within this organization to be true, accurate, and complete to the best of our knowledge. We acknowledge that any misrepresentation will result in immediate cancellation of any service or coverage pursuant to the terms of this product for which this application is submitted.

Signature (No electronic signatures, please.)

Name

Date

Title

2020 COVID-19
Supplemental Application



Please attach an additional sheet of paper, as needed, to more fully answer the following questions:

1. Has your organization entered into a Short Term Compensation Plan or Work Share Program since March 1, 2020? Yes No

If yes, please provide a copy of the application submitted to the State.

If yes, have there been any modifications or changes made since the application? Yes No

Provide changes and modifications:

2. Has your organization applied for a Payroll Protection Program (PPP) Loan? Yes No

If yes, were you approved? Yes No

If approved, when did your loan become effective?

Amount of loan:

3. Has your organization been subject to any closures, furloughs or layoffs due to City, Federal or State Stay-at-Home Orders? Yes No

If yes, what date was this effective?

How many employees were impacted?

4. Have you recalled any previously furloughed or laid off employees? Yes No

If yes, please provide number of employees recalled and date(s) of recall.

5. Did any staff reject the offer to return to work? Yes No

If yes, how many staff rejected the offer?

Signature

The information provided on this application form has been confirmed by all necessary parties within this organization to be true, accurate, and complete to the best of our knowledge. We acknowledge that any misrepresentation will result in immediate cancellation of any service or coverage pursuant to the terms of this product for which this application is submitted.

Signature (No electronic signatures, please.)

Name

Date

Title

Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return



41129418

Reference these numbers in all correspondence:

UI Employer registration number [] [] [] []
Withholding identification number [] [] [] [] [] [] [] []

Employer legal name: []

Mark an X in only one box to indicate the quarter (a separate return must be completed for each quarter) and enter the tax year.

Jan 1 - Mar 31 1 [] Apr 1 - Jun 30 2 [] July 1 - Sep 30 3 [] Oct 1 - Dec 31 4 [] Tax year Y Y [] []

Are dependent health insurance benefits available to any employee? Yes [] No []

If seasonal employer, mark an X in the box []

For office use only
Postmark [] [] [] [] [] []
Received date [] [] [] [] [] []
UI SK [] AI [] SI [] WT SK []

Number of employees
Enter the number of full-time and part-time covered employees who worked during or received pay for the week that includes the 12th day of each month.

a. First month [] [] [] [] [] []
b. Second month [] [] [] [] [] []
c. Third month [] [] [] [] [] []

Part A - Unemployment insurance (UI) information

Part B - Withholding tax (WT) information

1. Total remuneration paid this quarter [] [] [] [] 00
2. Remuneration paid this quarter to each employee in excess of \$8,500 since January 1 [] [] [] [] 00
3. Wages subject to contribution (subtract line 2 from line 1) [] [] [] [] 00
4. UI contributions due
Enter your tax rate [] [] [] [] % [] [] [] []
5. Re-employment service fund (multiply line 3 x .00075) [] [] [] []
6. UI previously underpaid with interest [] [] [] []
7. Total of lines 4, 5, and 6 [] [] [] []
8. Enter UI previously overpaid [] [] [] []
9. Total UI amounts due (if line 7 is greater than line 8, enter difference) [] [] [] []
10. Total UI overpaid (if line 8 is greater than line 7, enter difference and mark box 11 below)* [] [] [] []
11. Apply to outstanding liabilities and/or refund []

12. New York State tax withheld [] [] [] []
13. New York City tax withheld [] [] [] []
14. Yonkers tax withheld [] [] [] []
15. Total tax withheld (add lines 12, 13, and 14) [] [] [] []
16. WT credit from previous quarter's return (see instr.) [] [] [] []
17. Form NYS-1 payments made for quarter [] [] [] []
18. Total payments (add lines 16 and 17) [] [] [] []
19. Total WT amount due (if line 15 is greater than line 18, enter difference) [] [] [] []
20. Total WT overpaid (if line 18 is greater than line 15, enter difference here and mark an X in 20a or 20b)* [] [] [] []
20a. Apply to outstanding liabilities and/or refund [] or 20b. Credit to next quarter withholding tax []
21. Total payment due (add lines 9 and 19; make one remittance payable to NYS Employment Taxes) [] [] [] []

* An overpayment of either tax cannot be used to offset the amount due on the other tax. Complete Parts D and E on back of form, if required. This is a scannable form; please file the original.

Part C - Employee wage and withholding information

Table with 5 columns: a Social security number, b Last name, first name, middle initial, c Total UI remuneration paid this quarter, d Gross federal wages or distribution (see instructions), e Total NYS, NYC, and Yonkers tax withheld. Includes a Totals row at the bottom.

Sign your return: I certify that the information on this return and any attachments is to the best of my knowledge and belief true, correct, and complete.
Taxpayer's signature [] [] [] [] [] [] [] [] [] []
Signer's name (please print) [] [] [] [] [] [] [] [] [] []
Title [] [] [] [] [] [] [] [] [] []

Date [] [] [] [] [] [] Telephone number [] [] [] [] [] [] [] [] [] []



DEPARTMENT OF LABOR
 UNEMPLOYMENT INSURANCE
 PO BOX 4301
 BINGHAMTON NY 13902-4301
 WWW.LABOR.NY.GOV

APR 10 2017

For Office Use Only		
Dist. Ind.	Assign. Type	Form Type
	X	U
Received Date	CI	AI

Employer Reg. No. Account Status as of
 04-52028 4 04/03/17

SAMPLE

For Completion by Employer	
Enter Payment Amount Enclosed	_____
Return this form to the return address shown above.	

Notice of Reimbursable Billing

Any amount now due for Unemployment Insurance Benefit Reimbursement charges, interest or Penalty is shown below as "Current Balance" preceded by the word "Underpaid." A check for this amount plus any additional interest should be mailed promptly. Enter the payment amount in the employer box above and return this form with your payment.

If the amount shown as "Current Balance" is preceded by the word "Overpaid" you will be receiving a refund of this overpayment.

Payment on current quarter charges shown as "BR" is due by the end of the month following the end of the quarter or 15 days from the billing date, whichever is later.

This notice does not include amounts assessed for Failure to File Penalties or Benefit Claim Penalties. If you have penalties due you will be advised by separate notice.

Interest is assessed on late payment of benefit reimbursement charges at the rate of 12 percent per year.

Charge Notices, IA 96R, included in billing are dated:

1Q17 02/03/17 through 04/07/17 2Q17 05/05/17 through 07/07/17
 3Q17 08/04/17 through 10/06/17 4Q17 11/03/17 through 01/05/18

Your Previous Balance Was	
NONE	\$0.00

The symbols in Column 1 show the type of liability	Claimant S.S. Acct #	Transaction Date			Period		Col. 1 Type of Liab.	Column 2 Amount Due	Column 3 Amount Paid
		Mo.	Day	Yr.	Qtr.	Year			
BR- Benefit Reimbursement		04	01	17	1	17	BR	\$3,300.24	
IN- Interest									
PE- Penalty									

Enter your Employer Registration Number as shown above on your remittance payable to New York State Unemployment Insurance.

<u>Current Balance</u>

NEW YORK STATE DEPARTMENT OF LABOR
 Unemployment Insurance Division
 PO Box 15122
 ALBANY, N.Y. 12212-5122
 www.labor.ny.gov
 NOTICE OF EXPERIENCE RATING CHARGES

DATE MAILED 08/07/15 EMPLOYER REG. NO.

SAMPLE

THIS IS NOT A BILL

PLEASE REVIEW PROMPTLY

BENEFIT PAYMENTS MADE TO THE CLAIMANTS LISTED HAVE BEEN CHARGED TO YOUR ACCOUNT, EACH PAYMENT IS FOR FOUR EFFECTIVE DAYS(ONE WEEK) UNLESS OTHERWISE INDICATED. TO HELP PROTECT YOUR ACCOUNT AND THE UNEMPLOYMENT INSURANCE FUND:

1. Verify that each claimant was employed by you.
2. If you failed to respond to information requested in the Notice of Potential Charges(FORM LO 400) or any other subsequent request for information about a claim in a timely or adequate manner, the law prohibits the relief of charges under most circumstances.
3. If you have any information you were not aware of when you received the Notice of Potential Charges that might affect the claimant's benefit rights, we must receive your response within ten calendar days of the date of this notice in order to be relieved of charges. Please write to the NYS Department of Labor, PO Box 15122, Albany, NY 12212-5122 or fax to (518) 485-6172.
4. If you have work available, please contact the claimant directly. Should the claimant refuse the job or not report to work, please write to the NYS Department of Labor, PO Box 15130, Albany, NY 12212-5130 or fax to (518) 485-7377. If you are unable to contact the claimant or would like assistance in meeting your hiring needs, contact the DOL Employment Service nearest you.
5. A (P) printed next to the amount of benefits paid shows that a pension reduction is already being made. If you are aware that a claimant is receiving a pension to which you contributed and no reduction is shown, please write to the address in #4 above or fax to (518) 485-7377.
6. If you object to any of these charges for other reasons, write to the Liability and Determination Section at the address in the header or fax to: (518) 485-6172. Provide the claimant's name, SS#, week ended dates, and reason(s) you believe the charges are incorrect.

IF YOU DISAGREE WITH THIS DETERMINATION, YOU MAY REQUEST A HEARING WITHIN 30 DAYS FROM THE MAILING DATE OF THIS NOTICE.

PAGE 1

SOCIAL SEC. ACCOUNT #	NAME	WK ENDED MO DY YR	AMOUNT	EFF DAY	DOL OFF	SOCIAL SEC. ACCOUNT #	NAME	WK ENDED MO DY YR	AMOUNT	EFF DAY	DOL OFF
		6 28 5	420.00		831			7 05 5	420.00		831
		7 12 5	420.00		831			7 19 5	420.00		831
		6 28 5	420.00		801			7 05 5	420.00		801
		7 12 5	420.00		801			7 19 5	420.00		801
		7 26 5	420.00		801			6 28 5	420.00		801
		7 05 5	420.00		801			7 12 5	420.00		801
		7 19 5	420.00		801			7 26 5	420.00		801

2015 CHARGES TO DATE \$35,147.42 \$5880.00 TOTAL

THESE CHARGES WILL BE USED IN DETERMINING YOUR CONTRIBUTION RATE FOR CALENDAR YEAR 2016. A CR SYMBOL CANCELS A PREVIOUS CHARGE. AN ASTERISK (*) IS AN ADJUSTMENT.

IA 96 (12-13)



CARL BOORN, DIRECTOR
 UNEMPLOYMENT INSURANCE DIVISION
 FOR THE COMMISSIONER OF LABOR

N.Y.S. DEPT. OF LABOR, UI DIVISION
 Employer Account Adjustment Section
 W A Harriman State Campus
 Albany, New York 12240-0415

NOTICE OF UNEMPLOYMENT
 INSURANCE (UI) RATE - **2015**

02/11/15

Employer Reg.

For assistance call 1-888-899-8810

Web Site: www.labor.ny.gov

YOUR UI RATE	
Normal Rate	2.700%
Subsidiary Rate	0.625
U.I. Rate	3.325%
Re-employment Service Fund	0.075%

YOUR U.I. RATE INCLUDES THE 2.7% NORMAL RATE AND THE 0.625% SUBSIDIARY RATE - BOTH BASED ON YOUR POSITIVE ACCOUNT PERCENTAGE. THE RATE CALCULATION IS SHOWN BELOW.

Explanation	Computation
Each employer has an account used solely as a means to measure experience within the UI program. Your account balance includes contributions attributable to your normal rate if paid on time.	1. Employer account balance 1/1/14: \$44,832.31
	a. PLUS normal contributions credited 12/31/14 on wages from the payroll year: \$17,119.78
Contributions of your subsidiary rate and the Re-employment Service Fund (RSF) are not included.	b. MINUS benefit payments charged in 2014: \$14,948.30
The payroll year is from October 1 - September 30. Your average payroll subject to contribution is determined by totaling your payroll from the last five payroll years and then dividing that total by the number of such payroll years in which you were liable.	2. Employer account balance 12/31/14: \$47,003.79
	3. Average payroll subject to contributions: 616,580
Your account percentage = Your employer account balance (Item 2) divided by your average payroll subject to contributions (Item 3). An equalization factor is applied if you have a positive account percentage and have been liable for 5 to 21 consecutive calendar quarters.	4. Account percentage: 7.62
Your normal rate is determined by matching your account percentage to the Size of Fund Index in the contribution rate table (located on our website at www.labor.state.ny.us/ui/bpta/contributiontable.shtml).	5. Size of Fund Index Range: LESS THAN 0.0%
The subsidiary rate is assigned to employers based on your account experience and the balance in the General Account on the computation date (located on our website at www.labor.state.ny.us/ui/bpta/subtable.shtml).	6. General Account Balance: LESS THAN \$0
The Re-employment Service Fund of 0.075% is uniformly assigned to all rated employers. It cannot be used as a credit on the Federal IRS Form 940.	Keep this notice. Use your 2015 UI Contribution Rate to calculate UI Contributions Due (line 4) on the "Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return" (NYS-45). Returns are due on 4/30/15, 7/31/15, 10/31/15 AND 1/31/16.
	For more information on calculation of rates, you may request our brochure "Experience Rating" by contacting us at the above address.
	Carl N. Boorn, Director Unemployment Insurance Division For the Commissioner of Labor