

EMPLOYER STATUS REPORT

READ INSTRUCTIONS ON REVERSE SIDE
BEFORE COMPLETION OF FORM

1. ENTER OR CORRECT BUSINESS NAME AND ADDRESS Participant's Name c/o Continuum Fiscal Services, Inc. 260 Peachtree Street, NW, Suite 1500 Atlanta, GA 30303		RETURN ORIGINAL WITHIN 10 DAYS	
3. TRADE NAME		GEORGIA DOL ACCOUNT NUMBER (If already assigned) [] [] [] [] [] [] - [] []	
4. PRINCIPAL BUSINESS, FARM OR HOUSEHOLD LOCATION IN GEORGIA (Do not use a P. O. Box number)		2. TYPE OF ORGANIZATION <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit org. <input type="checkbox"/> Limited Liability Co. (LLC) <input checked="" type="checkbox"/> Other (specify) HHCSR	
Street Address Participant Address		City	
City Home address		GA	
Zip Code		County	
Telephone Number () () () () () ()		Telephone Number () () () () () ()	
5. DATE FIRST BEGAN EMPLOYING WORKERS WITHIN STATE OF GA. - - - -		6. ARE YOU LIABLE FOR FEDERAL UNEMPLOYMENT TAX? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
DATE OF FIRST GA. PAYROLL - - - -		FEDERAL I.D. NUMBER [] [] - [] [] [] [] [] [] [] []	
7. HAVE YOU... Acquired another business? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Merged with another business? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Formed a corporation or partnership? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Made any other change in the ownership of your business? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, explain _____		DATE ACQUIRED OR CHANGED PREDECESSOR'S GEORGIA DOL ACCOUNT NUMBER [] [] [] [] [] [] - [] [] DOES THE FORMER OWNER CONTINUE TO HAVE EMPLOYEES? Yes <input type="checkbox"/> No <input type="checkbox"/>	
FROM WHOM? (Organization name, including trade name)		DID YOU ACQUIRE... <input type="checkbox"/> All of Georgia operations? <input type="checkbox"/> Substantially all of Georgia operations (90% or more) <input type="checkbox"/> Part of Georgia operations (less than 90%)	
ADDRESS			
8. IF YOU HAD PRIVATE BUSINESS EMPLOYMENT: Did you, or do you expect to employ at least one worker in 20 different calendar weeks during a calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> * If yes, show date the 20th week first occurred: _____ Did you, or do you expect to have a quarterly payroll of \$1,500 or more? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> * If yes, show date this first occurred: _____		9. IF YOU HAD DOMESTIC EMPLOYMENT: Did you, or do you expect to pay cash wages of \$1,000 or more in any calendar quarter? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> * If yes, show date this first occurred: _____	
11. IF YOU ARE A NONPROFIT ORGANIZATION EXEMPT FROM INCOME TAX UNDER IRS CODE 501(C)(3): Did you, or do you expect to employ four or more workers in 20 different calendar weeks during a calendar year? (ATTACH COPY OF 501(C)(3) EXEMPTION LETTERS) * If yes, show date the 20th week first occurred: _____		10. IF YOU HAD AGRICULTURAL EMPLOYMENT: Did you, or do you expect to employ 10 or more agricultural workers in 20 different calendar weeks during a calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> * If yes, show date the 20th week first occurred: _____ Did you, or do you expect to have a gross cash agricultural payroll of \$20,000 or more in any calendar quarter? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> * If yes, show date this first occurred: _____	
12. HOW MANY EMPLOYEES do you have, (or anticipate when in full operation)? []			
INFORMATION ABOUT OWNER, ALL PARTNERS, OR PRINCIPAL OFFICER (ATTACH ADDITIONAL SHEET, OR SHEETS, IF NECESSARY)		INFORMATION ABOUT PERSON OR FIRM WHO MAINTAINS FINANCIAL RECORDS OF BUSINESS	
Name Participant's Information		Name Continuum Fiscal Services, Inc.	
Social Security Number [] [] [] - [] [] [] [] [] []		Address 260 Peachtree Street, NW, Suite 1500	
Residence Address		City Atlanta	
City		State GA	
State		Zip Code 30303	
Zip Code		Telephone (855) 874-9311	
Telephone () () () () () ()		CERTIFICATION: I hereby certify under penalties of perjury, that the foregoing statement and those contained herein are true and correct, and that I am authorized to execute this report on behalf of the employing unit. This report must be signed by owner, partner or principal officer.	
Signature		Title Household Employer	
Date			

PLEASE COMPLETE INDUSTRY INFORMATION ON REVERSE SIDE.

(CONTINUED)

NATURE OF BUSINESS: Information is required on all items. Attach additional sheets, if necessary.

<p>A. How many Georgia locations do you operate? Provide the following information for <u>each</u> location, attaching additional sheets if necessary.</p>	<p>C. Enter in order of importance and indicate approximate % of total annual income derived from each:</p> <p>Principal Service(s) Rendered* OR Principal Product(s) <input type="checkbox"/> Mfg. <input type="checkbox"/> Grow <input type="checkbox"/> Sold</p> <p><u>Worker for Personal Support / Assistance</u> <u>100</u> %</p> <p>_____ %</p> <p>_____ %</p> <p>* If Transportation - Trucking, indicate if interstate carrier</p>																														
<p>B. Check the box that best describes the industry that relates to your business activities:</p> <table border="0"> <tr> <td><input type="checkbox"/> Agriculture</td> <td><input type="checkbox"/> Manufacturing</td> </tr> <tr> <td><input type="checkbox"/> Forestry</td> <td><input type="checkbox"/> Transportation</td> </tr> <tr> <td><input type="checkbox"/> Fishing</td> <td><input type="checkbox"/> Communication</td> </tr> <tr> <td><input type="checkbox"/> Mining</td> <td><input type="checkbox"/> Public Utilities</td> </tr> <tr> <td><input type="checkbox"/> Construction (specify):</td> <td><input type="checkbox"/> Wholesale Trade</td> </tr> <tr> <td> <u>General Contractors Industrial</u> _____ %</td> <td><input type="checkbox"/> Retail Trade</td> </tr> <tr> <td> <u>Residential</u> _____ % <u>Commercial</u> _____ %</td> <td><input type="checkbox"/> Finance</td> </tr> <tr> <td> <u>Speculative Building</u></td> <td><input type="checkbox"/> Insurance</td> </tr> <tr> <td> <u>Special Trade Contractor (specify plumbing, etc.,)</u></td> <td><input type="checkbox"/> Real Estate</td> </tr> <tr> <td> <u>Heavy Construction (specify cable, highway, etc.,)</u></td> <td><input type="checkbox"/> Services</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Public Administration</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Private Household</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Employer</td> </tr> </table>	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Forestry	<input type="checkbox"/> Transportation	<input type="checkbox"/> Fishing	<input type="checkbox"/> Communication	<input type="checkbox"/> Mining	<input type="checkbox"/> Public Utilities	<input type="checkbox"/> Construction (specify):	<input type="checkbox"/> Wholesale Trade	<u>General Contractors Industrial</u> _____ %	<input type="checkbox"/> Retail Trade	<u>Residential</u> _____ % <u>Commercial</u> _____ %	<input type="checkbox"/> Finance	<u>Speculative Building</u>	<input type="checkbox"/> Insurance	<u>Special Trade Contractor (specify plumbing, etc.,)</u>	<input type="checkbox"/> Real Estate	<u>Heavy Construction (specify cable, highway, etc.,)</u>	<input type="checkbox"/> Services		<input type="checkbox"/> Public Administration		<input type="checkbox"/> Private Household		<input type="checkbox"/> Employer	<p>D. If this report includes establishment(s) that <u>only</u> perform services for other units of the company, indicate the primary type of service or support provided. Check as many as apply:</p> <table border="0"> <tr> <td>1. <input type="checkbox"/> Central Administration</td> <td>3. <input type="checkbox"/> Storage (warehouse)</td> </tr> <tr> <td>2. <input type="checkbox"/> Research, development, and testing</td> <td>4. <input type="checkbox"/> Other (specify) _____</td> </tr> </table>	1. <input type="checkbox"/> Central Administration	3. <input type="checkbox"/> Storage (warehouse)	2. <input type="checkbox"/> Research, development, and testing	4. <input type="checkbox"/> Other (specify) _____
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FOR ASSISTANCE, call the Industry Classification Unit, (800) 338-2082

IMPORTANT - This report must be filed! The law provides that all employing units shall file a report of its employment during a calendar year. For the purpose of aiding you in complying with OCGA Section 34-8-121 of the Employment Security law, this form has been prepared to assist you in furnishing the required information. Answer all questions fully and if additional space is necessary under any item, attach signed and dated sheets which bear the words Supplement to Form DCL-1.

Each false statement or willful failure to furnish this report, or the failure to file a report, or the failure to file a report on time, or refusal constitutes a separate offense.

The Georgia Employer Status Report is required of all employers, regardless of number or duration of time.

The filing of this form is required at the time your business is established, or when you acquired another legal entity, and may also be required again upon request.

Do nothing on this page. Return both pages.

NOTE: Disclosure of your social security number is required under the authority of 42 U.S.C. Section 405(2)(c) and OCGA Section 34-8-121.

(NUMBERS CORRESPOND TO ITEMS ON FORM)

1. Enter or correct name and address of individual owner, partners, corporation or organization. This is the address to which you authorize us to mail all reports, correspondence, etc. If you have already been assigned a Georgia Department of Labor Account Number (Ga. DOL Acct. No) by this Department, please insert the number.
2. Indicate by check mark type of organization. If a nonprofit organization, attach copy of I.R.S. letter exempting the organization from Federal Income Tax under Section 501(c)(3) of Internal Revenue Code.
3. Trade name by which business is known if different than 1.
4. Physical location of business, farm or household in Georgia if different than 1. Please include telephone number with area code.
5. Enter the first date of employment in Georgia and the first date of Georgia payroll.
6. If you are subject to the Federal Unemployment Tax Act, and are required to file Federal Form 940, answer this question "yes". Be sure to enter your Federal Employer Identification Number whether answered "yes" or "no".
7. Answer this question if you acquired this business from another employer or if after you began employing workers you have acquired other businesses; merged with other businesses; formed or dissolved partnerships, corporations, professional associations; or if any other change in the ownership of the business has occurred. Indicate the date of acquisition or change and provide all information concerning the previous owner's name, trade name, address and DOL Account Number. Indicate by checking the appropriate block the portion of the previous owner's business involved in the acquisition or change. No transfer of experience rating history can be made unless information concerning the previous owner is provided.
8. Private Business Employment - Most employment is considered private business employment. This includes all types of work except domestic service such as maids, gardeners, cooks, etc., agricultural service and service performed for governmental or nonprofit organizations.
9. Domestic employment includes all service for a person in the operation and maintenance of a private household, local college club or local chapter of a college fraternity or sorority such as chauffeurs, cooks, babysitters, gardeners, maids, butlers, private and/or social secretaries, etc. If you had such employment, consider only cash payments made to all individuals performing domestic services to determine if \$1,000 or more cash wages were paid in any calendar quarter during 1977 and subsequent quarters.
10. Consider only cash payments made to all individuals performing agricultural services to determine if \$20,000 or more cash wages were paid in any calendar quarter during 1977 and subsequent quarters.
11. Answer this question only if this business is a nonprofit organization exempt from Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code. Attach a copy of the I.R.S. letter granting this exemption. Nonprofit organizations with tax exemptions other than under Section 501(c)(3) should answer question 8, Private Business Employment.
12. Self-explanatory.

FOR ASSISTANCE, call the Adjudication Section, (404) 232-3301.

Please RETAIN a copy for your files.

RETURN ORIGINAL WITHIN TEN (10) DAYS TO:

Georgia Department of Labor
P. O. Box 740234
Atlanta, GA 30374-0234

The enclosed envelope requires postage.