

(2017)

**STATE OF HAWAII**  
**REPORT TO DETERMINE LIABILITY UNDER THE**  
**HAWAII UNEMPLOYMENT SECURITY LAW**  
 DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
 UNEMPLOYMENT INSURANCE DIVISION

UI Registration Number

**TYPE OR PRINT LEGIBLY**

|                                                                                                                                                                                                                                                                |                                    |                                                                                                                                                                                                                                                                                                                                                                      |                                                  |                        |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------|------|
| 1. Type of application: Unemployment Insurance                                                                                                                                                                                                                 |                                    |                                                                                                                                                                                                                                                                                                                                                                      |                                                  | UI Registration Number |      |
| 2. Employer's Name (Individuals, enter Last, First, Middle Initial)                                                                                                                                                                                            |                                    |                                                                                                                                                                                                                                                                                                                                                                      | 3. Trade name or doing business as (DBA) name    |                        |      |
| 4. FEIN                                                                                                                                                                                                                                                        |                                    | 5. Type of ownership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation<br><input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Single-Member LLC<br><input type="checkbox"/> Other (Explain) _____ |                                                  |                        |      |
| 6. NAICS (See Instructions)                                                                                                                                                                                                                                    |                                    | 7. Describe your principal business activity and product or service of your business                                                                                                                                                                                                                                                                                 |                                                  |                        |      |
| 8. Physical location of business in Hawaii (Required) Street address (Do not use P.O. Box) City State Postal/Zip Code                                                                                                                                          |                                    |                                                                                                                                                                                                                                                                                                                                                                      |                                                  |                        |      |
| 9. Mailing address C/O Street address or P.O. Box City State Postal/Zip Code                                                                                                                                                                                   |                                    |                                                                                                                                                                                                                                                                                                                                                                      |                                                  |                        |      |
| 10. Phone Number Business Residential Fax E-mail address<br>( ) ( ) ( ) ( )                                                                                                                                                                                    |                                    |                                                                                                                                                                                                                                                                                                                                                                      |                                                  |                        |      |
| 11. List all sole proprietors, partners, members, or corporate officers (See Instructions) ATTACH A SEPARATE SHEET OF PAPER IF MORE SPACE IS REQUIRED.                                                                                                         |                                    |                                                                                                                                                                                                                                                                                                                                                                      |                                                  |                        |      |
| SSN                                                                                                                                                                                                                                                            | Name (Last, First, Middle Initial) | Title                                                                                                                                                                                                                                                                                                                                                                | Residential Address                              | Contact Phone No.      |      |
|                                                                                                                                                                                                                                                                |                                    |                                                                                                                                                                                                                                                                                                                                                                      |                                                  |                        |      |
|                                                                                                                                                                                                                                                                |                                    |                                                                                                                                                                                                                                                                                                                                                                      |                                                  |                        |      |
|                                                                                                                                                                                                                                                                |                                    |                                                                                                                                                                                                                                                                                                                                                                      |                                                  |                        |      |
| 12. a. Did you acquire an existing business? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>b. If yes, was <input type="checkbox"/> all or <input type="checkbox"/> part of the business acquired?<br>c. When was it acquired? (MM/DD/YYYY) _____ |                                    |                                                                                                                                                                                                                                                                                                                                                                      | 13. No. of establishments or branches in Hawaii  |                        |      |
| d. Previous owner's/business' name, dba, address, Hawaii Tax ID No. and UI Account No.                                                                                                                                                                         |                                    |                                                                                                                                                                                                                                                                                                                                                                      | 14. Date employment began in Hawaii (MM/DD/YYYY) |                        |      |
|                                                                                                                                                                                                                                                                |                                    |                                                                                                                                                                                                                                                                                                                                                                      | 15. No. of employees on date employment began    |                        |      |
| <b>CERTIFICATION:</b> The above statements are hereby certified to be correct to the best of the knowledge and belief of the undersigned who is duly authorized to sign this application.                                                                      |                                    |                                                                                                                                                                                                                                                                                                                                                                      |                                                  |                        |      |
| Signature of Owner, Partner or Member, Officer, or Agent                                                                                                                                                                                                       |                                    |                                                                                                                                                                                                                                                                                                                                                                      |                                                  |                        |      |
| Print Name                                                                                                                                                                                                                                                     |                                    |                                                                                                                                                                                                                                                                                                                                                                      |                                                  | Title                  | Date |

**Mail the completed application to the Unemployment Insurance Division where your business is located:**

OAHU: 830 Punchbowl St., Room 437 HAWAII: 1990 Kinoole St., #101  
 Honolulu, HI 96813 Hilo, HI 96720

MAUI: 54 S High St., #201 KAUAI: 4370 Kukui Grove St., Ste 3-214  
 Wailuku, HI 96793 Lihue, HI 96766

## UNEMPLOYMENT INSURANCE

An individual or organization which has one or more employees must register with the UI Division within twenty (20) days **after** services in employment are first performed. If an employing unit is subject to the provisions of Chapter 383, Hawaii Revised Statutes, it will be assigned an employer account identification number, also commonly known as the Department of Labor (DOL) number. A post registration packet will then be issued which includes quarterly contribution forms.

### FAMILY OWNED CORPORATIONS

A family-owned corporation with no more than two (2) family members related by blood or marriage who, as the only employees, each own at least fifty (50) percent of the shares issued by the corporation, may apply for exclusion from UI coverage provided an application is filed and qualifying requirements are met. To elect this exclusion option, Form UC-336 should be obtained from and submitted to the nearest UI office. This exclusion shall be effective the first day of the calendar quarter in which the application is filed with the DOL.

### NONPROFIT ORGANIZATIONS

Nonprofit organizations qualifying for income tax exemption under Section 501(c) (3) of the Internal Revenue Code may self-finance benefits to their employees on a reimbursable basis. If further details are required, please contact the UI Office in your county.

### LIMITED LIABILITY COMPANIES (LLCs)

If IRS Forms 8832 and/or 2553 were filed, attach a copy of the form(s)

## PURPOSE OF FORM

Use this form to register for an Unemployment Insurance (UI) account number.

## WHO MUST FILE

If you are an individual or organization which has one or more employees in Hawaii.

## WHEN TO FILE

File this application within twenty (20) days **after** services in employment are first performed.

## SPECIFIC INSTRUCTIONS

(NOTE: Reference to "spouse" also means "civil union partner".)

**Line 1.** This application is for Unemployment Insurance (UI) only.

**Unemployment Insurance (UI)** —If you have one or more employees you must register with the UI Division within twenty (20) days **after** services in employment are first performed.

**Line 2.** Enter your legal business name. Your name should match the name on your tax return.

**Sole proprietorship.** Enter your last name, first name, and middle initial. If you changed your last name without informing the Social Security Administration (SSA), include your last name in parentheses as shown on your social security card. For example, Garcia (Smith), Maria K.

**Corporation, S Corporation, general or limited partnership, limited liability company (LLC) including a single-member LLC.** Enter the entity's legal name as shown on the entity's organizing document (such as your articles of incorporation, partnership agreement).

**Disregarded entity.** Enter the disregarded entity's legal name on line 2 and the owner's name on line 11. The name on line 11 should match the owner's name on the owner's income tax return. For example, if an individual owns a single-member LLC that is disregarded for federal income tax purposes, report the individual owner's name on line 11. If the owner is also a disregarded entity, enter the first owner that is not disregarded for federal income tax purposes.

**Line 3.** Enter your trade name or doing business as (DBA) name, if any.

**Line 4.** Enter your Federal Employer Identification Number (FEIN).

**Line 5.** Check the box to indicate your federal income tax classification. If you are a trust, an estate, limited liability partnership (LLP), nonprofit organization, disregarded entity, or any other entity not listed, please check the "Other" box and write your business entity type.

**Line 6.** List your 6-digit North American Industry Classification System (NAICS) code and principal business activity. Your NAICS code is the business or professional activity code that you will report on your federal income tax return. The codes are online at:

<http://www.census.gov/eos/www/naics/>

Example 1: 541110 Legal services

Example 2: 236110 Building construction (single-family residential 70%, hotel 10%, commercial 10%, industrial 10%).

**Line 8.** Enter the physical location of business in Hawaii. (Required)

**Line 9.** Enter the mailing address if different from your physical location.

**Line 10.** Enter business, residential, and fax numbers including area codes. Enter your email address.

**Line 11.** Provide the information below based on the type of ownership you selected on line 5.

**Sole proprietorship.** List the proprietor's and the spouse's (if applicable) social security number (SSN), name, title (owner or spouse), residential address, and contact telephone number.

**General or limited partnership.** List each partner's SSN, title, residential address, and contact telephone number. If the partner is not an individual, enter the partner's FEIN.

**Corporation, S Corporation, or Other including a nonprofit organization.** List each officer's SSN, name, title, residential address, and contact telephone number.

**Single-member LLC or LLC.** List each member's SSN, name, title, residential address, and contact telephone number. If the member is not an individual, enter the member's FEIN.

**Other.** List officers, owners, or trustees

**Line 12.** If you have succeeded to the business of another employer, you may acquire your predecessor's experience record for UI tax purposes if:

1. Form UC-86, "Waiver of Employer's Experience Record", is filed within sixty (60) days after the date of acquisition or by March 1 of the following year; and
2. The predecessor cleared all contributions and reports due to the UI Division.

If these conditions are met, the predecessor's rate is assigned to your account. However, if the Form UC-86 is filed after sixty days but by March 1 of the next year, the experience record of the predecessor and successor employers will be combined to determine your rate for the following calendar year. Contact the nearest UI office to obtain Form UC-86. **Line 13.** Enter the number of establishments or branches in Hawaii. **Line 14.** Enter the date employment began in Hawaii.

**Line 15.** Enter number of employees on date employment began.

UI Contributions must be filed quarterly.

| <u>Calendar Quarter</u> | <u>Report Due No Later than:</u> |
|-------------------------|----------------------------------|
| Jan 1 – March 31        | April 30                         |
| April 1 - June 30       | July 31                          |
| July 1 - September 30   | October 31                       |
| October 1 – December 31 | January 31                       |

### SIGNATURE LINE —

An owner, partner or member, corporate officer, or authorized agent (e.g., CPA or attorney) with a power of attorney, must sign and date the application.

### SUBMITTAL OF FORM —

Please retain a copy of your application for your records.

To file by mail, please mail the original UC-1 application to the Department of Labor and Industrial Relations address listed below. Your application will be processed in approximately 1 to 2 weeks.

## WHERE TO GET INFORMATION

DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
Unemployment Insurance Division  
830 Punchbowl St., Room 437  
Honolulu, HI 96813  
Tel. No.: 808-586-8913  
808-586-8914  
[labor.hawaii.gov](http://labor.hawaii.gov)