

Organization Profile

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

Operations Profile

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

Description of Applicant's Operation

Current UI Funding Method: **Paying State Unemployment Tax** State Acct. No. **Reimbursing (self-insured)** FEIN

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

If reimbursing: Check current management method: Internal Staff Third Part Administrator Group Program

Are you currently in good standing with the state? Yes No 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	<input type="text"/>	Number of Part-time Employees	<input type="text"/>	Number of W-2s from Prior Year	<input type="text"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please explain and include estimated number of affected employees and date(s) of action.		<input type="text"/>			
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	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, what source and provide explanation (include number of affected employees and date(s) of action).		<input type="text"/>			
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	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please explain and include estimated number of affected employees and date(s) of action.		<input type="text"/>			
4. Have you experienced any layoffs/staff reductions, other than regular seasonal during the last 12 months?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please explain. Include number of affected employees and the dates on which layoffs or staff reductions took place.		<input type="text"/>			
5. Do you anticipate an increase in the hiring of employees who will be affected by seasonal layoffs over the next 12 months?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please explain. Include number of employees and date(s) of action.		<input type="text"/>			

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 2018:

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



Unemployment Compensation Tax Rate Notice

UCT-20
R. 03/10

**This is not a bill
Retain for your records**

UT Account Number	Effective Date of Rate 01/01/2010
Mailed on or Before 03/31/2010	Date to be Rated
Protest Deadline 04/20/2010	Reason Code (see back) G

1 Multiplier	2 Benefit Charges (3 years below)	3 Taxable Wages (3 years below)	4 Benefit Ratio	5 Variable Adj. Factor (4) X (1)	6 Final Adj. Factor	7 Tax Rate
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.4171 109,450.02 ÷ 6,506,800.46 = .0168 + .0070 + .0036 = .0274

Quarterly reports are required to be submitted even if no tax is due.

Current tax rates are computed using only the quarters listed below

Quarter	Year	Benefit Charges	Taxable Wages Reported Timely *
3	2006	15,667.50	303,148.46
4	2006	15,194.64	310,068.98
1	2007	2,675.74	1,309,696.74
2	2007	2,019.24	435,781.15
3	2007	2,964.00	245,072.72
4	2007	8,376.38	140,225.63
1	2008	10,413.90	1,474,390.58
2	2008	8,223.15	258,536.93
3	2008	5,003.55	120,180.45
4	2008	7,110.98	129,820.59
1	2009	6,487.41	1,539,343.05
2	2009	25,313.53	240,535.18

* As reported on your *Employer's Quarterly Report* (Form UCT-6) or your *Annual Report for Employers of Domestic Employees Only* (UCT-7).

IMPORTANT

APPEAL RIGHTS: This is official notification of your tax rate determination. If you disagree with the determination, you may file a written protest, which must include a short and concise statement of the facts and grounds for disagreement. To be considered timely, the protest must be postmarked on or before the protest deadline date listed on this notice. Mail the protest to **Department of Revenue, P.O. Box 6510, Tallahassee, Florida, 32314-6510.**

Section 443.131(3)(h), Florida Statutes (F.S.) does not allow an employer to contest the chargeability of benefits to the employer's account, in any proceeding involving the employer's tax rate, when the employer was a party to the determination, redetermination, or decision, issued by the Agency for Workforce Innovation, pursuant to s.443.151, F.S.