

Organization Profile									
Organization Name									
Physical Address			City			State	•	Zip	
Contact	Title				Website				
Telephone	Fax				Email				
Operations Profile									
Type of Entity  □ 501c3  □ Governm	ent Date E	st.		When is	your fiscal y	vear?			
Description of Applicant's Operation									
Current UI Funding			State Acct. No.			FE	IN		
If taxpaying: Have you paid unemployment taxes for a least two years?	at 🗆 Yes	s □ No		If reimburs Check curre	ent manager			Group Pro	ogram
Are you currently in good standing with the state?	ne 🗆 Yes	s 🗆 No		Current administrato (if applicable)					
Employment Profile	Please attach	n an additi	onal sheet	of paper, as	needed, to r	more fully a	inswer the f	ollowing ques	tions:
Number of Full-time Employees	Number	of Part-ti	me Employ	ees	Nu	umber of W	-2s from Pr	ior Year	
<ol> <li>Do you anticipate any loss or reduction result in layoffs, and/or reduction in en</li> </ol>						Yes		No	
If yes, please explain and include est of affected employees and date(s) of									
<ol> <li>Do you anticipate any elimination or re organization that will result in layoffs, a next 12 months?</li> </ol>					ithin the	Yes		No	
If yes, what source and provide explain number of affected employees and date									
<ol> <li>Do you anticipate any restructuring wit reduction in employees' hours or wage</li> </ol>				in layoffs, an	nd/or	Yes		No	
If yes, please explain and include est of affected employees and date(s) of									
<ol> <li>Have you experienced any layoffs/sta months?</li> </ol>	ff reductions, o	ther than	regular sea	sonal during	the last 12	Yes		No	
If yes, please explain. Include numbe employees and the dates on which lay reductions took place.									
<ol><li>Do you anticipate an increase in the hi over the next 12 months?</li></ol>	ring of employe	es who w	ill be affect	ed by seasor	nal layoffs	Yes		No	
If yes, please explain. Include numbe and date(s) of action.	er of employees								

# **Unemployment Insurance**

#### Employment Profile cont'd

6. Are you currently or have you, in the past 12 months, had employees whose wages are exempt 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:

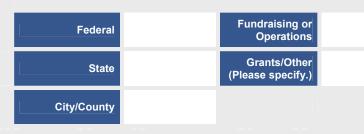
	Gross Wages	UI Benefit Charges (claims paid)	UI Tax Rate (if applicable)	Annual Budget
Current Year				
Prior Year One				
Prior Year Two				
Prior Year Three				
<b>10.</b> Approximately how m claims do you have annu			imately how many of as are protested?	
12 Estimated Wages for	Colordor Voor 2019			

**12.** Estimated Wages for Calendar Year 2018:

#### **Funding Profile**

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

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

 Advertisement
 Event

 Other

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

Questions? Call (312) 715-3017

#### 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.

x back to: (312) 239-8368		PAGE 2 OF 2
Date	Title	
Signature (No electronic signatures, please.)	Name	



**Unemployment Compensation Tax Rate Notice** 

UCT-20 R. 03/10

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

	UT Account Number	<b></b>	Date of Rate
L	Mailed on or Before 03/31/2010	Date to	be Rated
ſ	Protest Deadline 04/20/2010	Reason ( (see ba	
 4	5	6	7

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
.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.