

VIRGIN ISLANDS DEPARTMENT OF LABOR  
UNEMPLOYMENT INSURANCE DIVISION  
P.O. BOX 303159  
ST. THOMAS, VIRGIN ISLANDS 00803

TO BE COMPLETED BY AGENCY	
Employer No. _____	
NAICS Code _____	

TAX SECTION  
340-776-3700 STT  
340-773-1440 STX

**EMPLOYER REGISTRATION**

1. Name of owner, partners or corporation \_\_\_\_\_
  2. Trade Name \_\_\_\_\_
  3. Primary location where activities will be carried on in the V.I. \_\_\_\_\_  

Street/Estate
Island
  4. Type of activity or product ( be specific ) \_\_\_\_\_
  5. Mailing Address \_\_\_\_\_  

P.O. Box or Street Address
  6. Phone number:    Business \_\_\_\_\_    Stateside \_\_\_\_\_  

Fax \_\_\_\_\_
Email \_\_\_\_\_
  7. Dates wages were first paid in the Virgin Islands    Month \_\_\_\_\_    Day \_\_\_\_\_    Year \_\_\_\_\_
  8. Approximate number of employees \_\_\_\_\_    Approximate amount of monthly payroll \_\_\_\_\_
  9. Type of ownership: a) Sole Owner     b) Partnership     c) Corporation   
d) 501 (c) (3) nonprofit organization     e) Other \_\_\_\_\_
- Note: If you are a 501 © (3) nonprofit organization you must attach a copy of your exemption to this registration.
10. Listing of owner, partners or corporate officers \_\_\_\_\_
- |    |      |         |            |                     |
|----|------|---------|------------|---------------------|
| a) | Name | Address | Home Phone | Social Security No. |
| b) | Name | Address | Home Phone | Social Security No. |
| c) | Name | Address | Home Phone | Social Security No. |
11. Did you acquire this business from someone? a) yes     b) no     If yes complete lines 11 through 17
  12. Name of previous business or owner \_\_\_\_\_
  13. Address of previous owner \_\_\_\_\_
  14. Type of acquisition:    a) purchase of assets %    b) purchase of stock %    c) other  - describe \_\_\_\_\_
  15. Date of acquisition \_\_\_\_\_    16. Unemployment Insurance Employer Account No. \_\_\_\_\_
  17. Is previous business or owner still in business ?    a) yes     b) no
  18. List all your locations in the Virgin Islands if you have more than one.
- |    |            |          |   |
|----|------------|----------|---|
| a) | TRADE NAME | LOCATION | TYPE OF ACTIVITY OR PRODUCT (be specific) |
| b) | TRADE NAME | LOCATION | TYPE OF ACTIVITY OR PRODUCT (be specific) |
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19. Are you subject to Federal Unemployment Tax?    a) yes     b) no
  20. Your Federal Employer Identification number (FICA number) \_\_\_\_\_
  21. Are you paying unemployment taxes to any other state?    a) yes     b) no
  22. If yes above;    a) Name of state \_\_\_\_\_    State Number \_\_\_\_\_
  23. Is your payroll on a computer?    a) yes     b) no
  24. If yes above;    a) make & model of computer \_\_\_\_\_    disk or tape \_\_\_\_\_

Signature	Title
Signature	Title

Please initial the box to the left.