



# Report to Determine Liability Under the Unemployment Insurance Act

**Important:** Every newly created employing unit shall file this report within 30 days of the date upon which it commences business. (820 ILCS 405/1800; 56 Ill. Adm. Code 2760.105)

**If your only workers are domestic workers as defined in the instructions for Question 8, complete a UI-1 DOM Report to Determine Liability for Domestic Employment Under the Unemployment Insurance Act instead of this form.**

1. a. Employer Name \_\_\_\_\_

Doing Business As \_\_\_\_\_

b. What is your primary business activity in Illinois? \_\_\_\_\_

c. What is your principal product or service? (See examples on pages 4 and 5 of the instructions .) \_\_\_\_\_

d. If you have more than one product or service, list the top two and indicate the percentage that each contributes to your total revenue:

\_\_\_\_\_ % Sales or receipts \_\_\_\_\_

\_\_\_\_\_ % Sales or receipts \_\_\_\_\_

e. If you know your NAICS Code, enter it here. \_\_\_\_\_ If you do not know your NAICS Code, see instructions.

f. Business Address \_\_\_\_\_

(Enter the physical location Number & Street or Rural Route of your Illinois business)

City/Town	State	ZIP	County	Country	Telephone Number
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g. Secondary Address \_\_\_\_\_

(Enter any other address where you have a physical location in Illinois)

City/Town	State	ZIP	County	Country	Telephone Number
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If you want correspondence sent to this or any address other than the address in 1F (above), please refer to form UI-1M, Special Mailing Form. Call (800)247-4984 Option 1 or access [www.ides.state.il.us](http://www.ides.state.il.us) for information.

h. Do you lease any of your employees (see 56 Ill. Adm. Code 2732.306)? Yes  No

If yes, provide the Leasing Company's name, address, telephone number and Unemployment Insurance account number if available. \_\_\_\_\_

2. Enter any employer account number previously assigned to you by the Illinois Department of Employment Security. \_\_\_\_\_

3. Identification number under which you file Employer's Quarterly Federal Tax Return (Form 941) \_\_\_\_\_

4. a. Type of Organization (Check One):  Sole Proprietor  Partnership  Corporation  Other (Explain, e.g., Limited Liability Company, Trust, Association, Receivership) \_\_\_\_\_
- b. If a corporation, date incorporated \_\_\_\_\_ State in which incorporated \_\_\_\_\_
- c. Has any form of remuneration, including dividends, been paid to the officers of this corporation?  Yes  No
- d. If you are an LLC, are there any individuals performing services for the organization other than the member manager(s)?  
 Yes  No
- How is the member manager(s) treated for federal tax purposes?  Sole Proprietor  Partner  Other (Explain)

5. Enter the required information for sole proprietor or each partner or officer:

Name	Title	Social Security No.	Residence Address	Residence Telephone No.

6. a. Date you first began employing workers in Illinois \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- b. Date of your first payroll in Illinois \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- c. Date you ceased employing workers in Illinois (if applicable) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
7. Did you acquire your Illinois business or any portion of it by purchase, reorganization or a change in entity; for example, a change from sole proprietor to corporation?  Yes  No If yes, complete the form **UI-1 S&P, Report to Determine Succession**. Please complete the remainder of the questions on this form as well. Responses to the questions on this form should reflect information relative to the operation of your business **after** the date of acquisition.

8. a. Check here  if you employ, have employed or expect to employ one or more workers in domestic service in a private home, local college club or local chapter of a college fraternity or sorority. Otherwise, skip to 9.
- b. Check here  if during the current calendar year or the preceding four calendar years, there was any quarter in which you paid wages of \$1,000 or more for domestic service in a private home, local college club or local chapter of a college fraternity or sorority. Otherwise, skip to (c).

In the space below, circle the first such quarter during that period and indicate the year in which it occurred.

Jan.-Mar. \_\_\_\_\_ (year), April-June \_\_\_\_\_ (year), July-Sept. \_\_\_\_\_ (year), Oct.-Dec. \_\_\_\_\_ (year).

- c. Check here  if you expect to pay wages of \$1,000 or more for domestic services in a private home, local college club or local chapter of a college fraternity or sorority during any quarter within the current calendar year.
9. a. Check here  if you employ, have employed or expect to employ one or more workers to perform agricultural labor. Otherwise, skip to 10.
- b. Check here  if, during the current calendar year or the preceding four calendar years, there was any quarter in which you paid wages of \$20,000 or more for agricultural labor. Otherwise, skip to (c).

In the space below, circle the first such quarter during that period and indicate the year in which it occurred.

Jan.-Mar. \_\_\_\_\_ (year), April-June \_\_\_\_\_ (year), July-Sept. \_\_\_\_\_ (year), Oct.-Dec. \_\_\_\_\_ (year).

- c. Check here  if, you expect to pay wages of \$20,000 or more for agricultural labor during any quarter within the current calendar year.
- d. Check here  if, during the period including the current calendar year and the four preceding calendar years, there was any calendar year during which you employed 10 or more individuals to perform agricultural labor for at least 20 weeks (whether or not consecutive). Otherwise, skip to (e).

In the space below, indicate the first such year and, for that year, circle the quarter that included the 20th week within which you employed 10 more individuals to perform agricultural labor.

April-June \_\_\_\_\_ (year), July-Sept. \_\_\_\_\_ (year), Oct.-Dec. \_\_\_\_\_ (year).

e. Check here  if you expect to employ 10 or more individuals to perform agricultural labor for at least 20 weeks (whether or not consecutive) during the current calendar year.

f. If you checked (b), (c), (d) or (e), does your business include any retail sales activity?  Yes  No

10. a. Check here  if you are a religious, charitable, educational or other nonprofit organization, as defined in Section 501(c)(3) of the Internal Revenue Code and attach the federal exemption letter. Otherwise, skip to 11.

b. Check here  if, during the period including the current calendar year and the four preceding calendar years, there was any calendar year during which you have had 4 or more individuals performing services in employment in each of at least 20 weeks (whether or not consecutive). Otherwise, skip to (c).

In the space below, indicate the first such year and, for that year, circle the quarter that included the 20th week within which you had 4 or more individuals performing services in employment.

April-June \_\_\_\_\_ (year), July-Sept. \_\_\_\_\_ (year), Oct.-Dec. \_\_\_\_\_ (year).

c. Check here  if you expect to have 4 or more individuals performing services in employment in each of at least 20 weeks (whether or not consecutive) during the current calendar year.

d. Check here  if you wish to be a reimbursable employer. This does not apply to you if you did not check (b) or (c). If you wish to be a reimbursable employer, a **Reimburse Benefits in Lieu of Paying Contributions (UI-5NP)** form will be mailed to you. You must complete this form and return it to this Department.

11. a. Check here  if you are a governmental entity. Otherwise, skip to (b).

b. Check here  if you are an Indian Tribe (including a subdivision, subsidiary or business enterprise wholly owned by an Indian Tribe). Otherwise, skip to 12.

c. Check here  if during the period including the current calendar year and the four preceding calendar years, there was any calendar year during which you have had any individuals performing services in your employ in any calendar quarter.

In the space below, indicate the first such year and, for that year, circle the quarter within which an individual or individuals performed services in your employ.

Jan.-Mar. \_\_\_\_\_ (year), April-June \_\_\_\_\_ (year), July-Sept. \_\_\_\_\_ (year), Oct.-Dec. \_\_\_\_\_ (year).

d. Check here  if you expect to have an individual or individuals performing services in your employ during the current calendar year.

e. Check here  if you wish to be a reimbursable employer. If you wish to be a reimbursable employer, an **Election By Local Government Entity To Reimburse Benefits In Lieu of Paying Contributions (UI-5LG)** form will be mailed to you. You must complete this form and return it to this Department.

12. a. Check here  if there was any calendar quarter in either the current calendar year or the preceding four calendar years in which you paid wages of at least \$1,500 for services in employment. Otherwise, skip to (b).

In the space below, circle the first such quarter during that period and indicate the year in which it occurred.

Jan.-Mar. \_\_\_\_\_ (year), April-June \_\_\_\_\_ (year), July-Sept. \_\_\_\_\_ (year), Oct.-Dec. \_\_\_\_\_ (year).

b. Check here  if, within any quarter within the current calendar year, you expect to pay wages of \$1,500 or more for services in employment. Please check the appropriate quarter.

Jan.-Mar.  April-June  July-Sept.  Oct.-Dec.

13. a. Check here  if, during the period including the current calendar year and the four preceding calendar years, there was any calendar year in which you have had 1 or more individuals performing services in employment in each of at least 20 weeks (whether or not consecutive). Otherwise, skip to (b).

In the space below, indicate the first such year and, for that year, circle the quarter that included the 20th week within which you had 1 or more individuals performing services in employment.

April-June \_\_\_\_\_ (year), July-Sept. \_\_\_\_\_ (year), Oct.-Dec. \_\_\_\_\_ (year).

b. Check here  if you expect to have 1 or more individuals performing services in employment in each of at least 20 weeks (whether or not consecutive) during the current calendar year.

14. Have you incurred liability under the Federal Unemployment Tax Act (in any state) for any of the last 4 years?

Yes  No If Yes, indicate the year(s) for which you incurred such liability. \_\_\_\_\_

15. Are there any persons who performed services for you within the current calendar year or the four preceding calendar years, but whom you do not consider to be employees for any reason, including but not limited to, individuals you regard as independent contractors?  Yes  No

If Yes, attach a sheet stating the number of such persons and give details as to the type of service and date such services were performed.

16. Complete the following section only if you have multiple worksites in Illinois.

The following information is required for reporting statistical data to the federal government. Please complete the information as completely and accurately as possible.

Enter below the required information for each place of business (worksite) in Illinois (use additional sheets if necessary). Read instructions carefully. If any worksite is engaged in performing support services for other units of the company, please indicate the nature of the activity in "section C-Primary Activity." Examples of support services are Central Administrative Office, Research, Development or Testing, or Storage (warehouse).

a) Physical Location of Each Establishment (Street, City, zip code)	b) County	c) Primary Activity	d) Average Number of Employees

17. If you are determined not liable, based upon the provisions of the Unemployment Insurance Act, you may voluntarily elect coverage under 820 ILCS 405/205 H. Please indicate if you want voluntary coverage.  If checked, we will mail you form **UI-1B, Voluntary Election of Coverage**. Please complete that form and return it to this Department.

**Certification:** I hereby certify that the information contained in this report and any sheets attached hereto is true and correct. This report must be signed by owner, partner, officer or authorized agent within the employing enterprise. If signed by any other person, a power of attorney must be attached.

Employer Name \_\_\_\_\_

Signed by \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

**-- Do not write in the area below. For Department use only --**

This state agency is requesting information that is necessary to accomplish the statutory purpose as outlined under 820 ILCS 405/100-3200. Disclosure of this information is Required. Failure to disclose this information may result in statutorily prescribed liability and sanction, including penalties and interest.

Area	Industry	Source _____	Rec'd Date _____
		A/C _____	NL _____
		Liab. Date _____	Qtr _____ Sec _____
		Analyst _____	Date _____

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**INSTRUCTIONS FOR PREPARATION OF UI-1  
REPORT TO DETERMINE LIABILITY UNDER  
THE ILLINOIS UNEMPLOYMENT INSURANCE ACT**

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An employing unit must file the Report to Determine Liability even though it may not be liable for payments under the Illinois Unemployment Insurance Act (the Act).

Read the instructions below carefully.

The Guide to the Illinois Unemployment Insurance Act is available on our web site at [www.ides.state.il.us](http://www.ides.state.il.us). It will assist you in filling out the form.

Type or print in ink your answer to each item that applies. If you need more space, attach additional sheets but mark each "Supplement to UI-1" and sign and date it. Return the completed, signed original to this Department immediately. Retain a copy for your files.

**Item No.**

1. a. Legal name of employer: If a Sole Proprietor, the owner's name; If a Partnership, the partners' names and type of partnership, such as a general partnership, limited partnership or joint venture; if a Corporation, the corporate name with the word "Corporation," "Incorporated," "Company," "Limited," or its abbreviations; if a Limited Liability Company, the name must contain the phrase Limited Liability Company, or its abbreviation (LLC or L.L.C.). Doing Business as: Enter the trade name of your business. If there is no trade name being used, leave this item blank.
- b. Enter the business activity that produces your major source of income.
- c. & d. List products manufactured, commodities sold, activities engaged in or type of services rendered. See examples of products or services listed after instructions.
- e. **NAICS Code:**  
The North American Industry Classification System (NAICS) was developed jointly by the U.S., Canada and Mexico to improve comparative statistics about business activity across North America. Please enter the 6-digit NAICS code that best describes your primary business activity.  
  
To find the NAICS code for your business activity, you may contact the U.S. Census Bureau at 1-888-75NAICS or by E-mail at [naics@census.gov](mailto:naics@census.gov); or you may go to <http://www.census.gov/epcd/www/drnaics.htm>.
- f. Enter the address of the physical location of your Illinois business. If there is no base of operations in Illinois, enter the non-Illinois headquarters address.
- g. Enter any secondary address where you conduct business in Illinois. However, the Department will not send any correspondence to this address unless you complete and submit form UI-1M
- h. Employee Leasing Company means an individual or an entity which contracts with you to supply or assume responsibility for personnel management of one or more workers to perform services for you on an on-going basis rather than a temporary help arrangement.

3. Enter the **FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)** assigned by the Internal Revenue Service for reporting Social Security, Withholding Tax and Federal Unemployment Tax.
6. a. Enter the date on which you first began employing workers, not the date when wages were first paid.  
b. Enter the date when you first paid wages in the State of Illinois.
8. "Domestic service" means service of a household nature, including service performed by cooks, waiters, butlers, housekeepers, housemothers, governesses, maids, valets, babysitters, janitors, launderers, furnace men, caretakers, handymen, gardeners, footmen, grooms and chauffeurs of automobiles for family use. Service not of a household nature, such as by a private secretary, nurse, tutor or librarian, is not "domestic" service.

A "private home" is the fixed place of abode of the individual or family for whom the worker is performing services. A separate and distinct dwelling unit maintained by an individual as a residence, such as a hotel room, boat or trailer, can be a "private home." A room or suite in a nursing home can be a "private home," provided that the facts and circumstances of the particular case indicate that such room or suite is, in fact, the place where the individual retains his residence. A home utilized primarily for the purpose of supplying board or lodging to the public as a business enterprise is not a "private home."

A "local college club" or "local chapter of a college fraternity or sorority" does not include an alumni club or chapter.

**If your only workers are domestic workers, complete UI-1 DOM Report to Determine Liability for Domestic Employment Under the Unemployment Insurance Act instead of this form.**

9. "Agricultural labor" means all services performed:
  - A. On a farm, in the employ of any person, in connection with cultivating the soil or in connection with raising or harvesting any agricultural or horticultural commodity, including the raising, shearing, feeding, caring for, training and management of live stock, bees, poultry and fur-bearing animals and wildlife;
  - B. In the employ of the owner or tenant or other operator of a farm, in connection with the operation, management, conservation, improvement or maintenance of such farm and its tools and equipment;
  - C. In connection with the ginning of cotton, or the operation or maintenance of ditches, canals, reservoirs or waterways not owned or operated for profit, used exclusively for supplying and storing water for farming purposes;
  - D. In the employ of the operator of a farm, or of a group of operators of farms (or a cooperative organization of which such operators are members), in handling, planting, drying, packing, packaging, processing, freezing, grading, storing or delivering to storage or to market or to a carrier for transportation to market, in its unmanufactured state, any agricultural or horticultural commodity; but only if such operator or operators produced more than one-half of the commodity with respect to which such service is performed. The provisions of this subsection shall not be deemed to be applicable with respect to service performed in connection with commercial canning or commercial freezing or in connection with any agricultural or horticultural commodity after its delivery to a terminal market for distribution for consumption.

For purposes of questions 9 (d) and (e), count each week in which you have employed or will employ 10 or more individuals to perform agricultural labor, whether or not they all worked or will work at the same time during that week and whether or not you employed or will employ the same individuals in each week.

"Week" means the seven day period, Sunday through Saturday.

10. For purposes of questions 10 (b) and (c), count each week in which you had or expect to have 4 or more individuals performing services in employment, whether or not they all worked or will work at the same time during that week and whether or not you employed or will employ the same individuals in each week.

"Week" means the seven day period, Sunday through Saturday.

"Employment" means any service performed by an individual for an employing unit, unless the Unemployment Insurance Act expressly excludes the service from the definition of "employment." It includes service in interstate commerce and service on land which is owned, held or possessed by the United States, and includes all services performed by an officer of a business corporation, without regard to whether such services are executive, managerial or manual in nature, and without regard to whether such officer is or is not a stockholder or a member of the board of directors of the corporation.

**Benefit Reimbursable Option:**

Each nonprofit organization subject to the Act may, if certain conditions are met, elect to be a reimbursable employer by agreeing, in lieu of paying contributions, to reimburse the State for the actual amount of regular benefits and one half the amount of extended benefits that are charged to it.

11. "Employment" means any service performed by an individual for an employing unit, including a governmental entity or Indian tribe, unless the Unemployment Insurance Act expressly excludes the service from the definition of "employment."

"Governmental entity", includes the State or any of its instrumentalities, or any political subdivision or municipal corporation thereof or any of their instrumentalities, or any instrumentality of more than one of the foregoing, or any instrumentality of any of the foregoing and one or more other States or political subdivisions.

"Indian Tribe" means any Indian tribe, band, nation, or other organized group or community, including any Alaskan Native village or regional village or corporation, which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians, and includes any subdivision, subsidiary or business enterprise wholly owned by an Indian tribe.

**Benefit Reimbursable Option:**

Each governmental entity or Indian Tribe subject to the Act may, if certain conditions are met, elect to be a reimbursable employer by agreeing, in lieu of paying contributions, to reimburse the State for the actual amount of regular benefits and one half the amount of extended benefits that are charged to it.

12. "Employment" means any service performed by an individual for an employing unit, unless the Unemployment Insurance Act expressly excludes the service from the definition of "employment." It includes service in interstate commerce and service on land which is owned, held or possessed by the United States, and includes all services performed by an officer of a business corporation, without regard to whether such services are executive, managerial or manual in nature, and without regard to whether such officer is or is not a stockholder or a member of the board of directors of the corporation.

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For purposes of questions 13 (a) and (b), count each week in which you had or expect to have 1 or more individuals performing services in employment, whether or not they all worked or will work at the same time during that week and whether or not you employed or will employ the same individuals in each week.

"Week" means the seven day period, Sunday through Saturday.

14. If you have been found liable for Federal Unemployment taxes, you become immediately liable to Illinois with your first Illinois payroll.

16. a&b. For two or more places of business in Illinois, enter the number and street or rural route, the city or town, zip code and the Illinois county in which each place of business is located.

d. The average number employed at each address. Include all classes of employees (i.e. administrative, supervisory, clerical, sales, installation, construction, etc.).



17. If an employing unit does not meet the legal definition of employer for unemployment insurance purposes, the employing unit can elect to be fully subject under the Illinois Unemployment Insurance Act with the permission of the Director. An employing unit electing such coverage will not be able to terminate its coverage until January 1 of any calendar year subsequent to two such years of coverage.

If you should need further assistance in filling out this form, you may contact the Employer Hot Line Section at telephone number (312) 793-4880, Option 1 or (800) 247-4984, Option 1.

Please make a copy of the completed UI-1 for your records.

## EXAMPLES OF PRODUCT OR SERVICE INFORMATION

**AGRICULTURAL, FORESTRY, FISHING, AND HUNTING** includes establishments primarily engaged in agricultural production including growing crops, raising animals, harvesting timber and harvesting fish and other animals from farms, ranches or the animals' natural habitats.

**MINING** includes the extraction of naturally occurring mineral solids, such as coal and ore; liquid minerals, such as crude petroleum; and gases, such as natural gas; and beneficiating (e.g., crushing, screening, washing and flotation) and other preparation at the mine site, or as part of mining activity.

**UTILITIES** includes generating, transmitting and/or distributing electricity, gas, steam and water and removing sewage through a permanent infrastructure of lines, mains and pipe.

**CONSTRUCTION** includes those establishments which perform new work, additions, alterations, installations or maintenance and repairs. Heavy construction, other than buildings, are located here, e.g. streets and highways, sewers and drainage. This sector also includes contractors, subcontractors and specialty trade contractors.

**MANUFACTURING** includes the mechanical, physical or chemical transformation of material, substances or components into new products. The new product may be finished and ready for utilization or consumption, or it may be semifinished to become input for an establishment engaged in further manufacturing.

**WHOLESALE TRADE** establishments or individuals are primarily engaged in the selling of merchandise to other businesses. The wholesale merchant has possession of the merchandise being sold and typically operates out of a warehouse. An agent / broker arranges for the purchase or sale of goods owned by others. Business to business electronic markets, i.e. via the internet, are also included.

**RETAIL TRADE** are those engaged in retailing merchandise generally in small quantities to the general public and providing services incidental to the sale of the merchandise.

**TRANSPORTATION** includes industries providing transportation of passengers and cargo; warehousing and storage of goods; scenic and sightseeing transportation and support activities related to modes of transportation.

**INFORMATION** sector establishments are involved in distributing information and cultural products, providing the means to transmit these products as data or communications, and processing data. Examples include newspaper, book and software publishers; television, radio and internet broadcasters; wire and wireless telecommunications; cable services, data processing and related services and internet service providers.

**FINANCE AND INSURANCE** includes establishments that are involved in the creation, liquidation or change in ownership of financial assets and/or facilitating financial transactions. Examples are banks; savings institutions; credit unions; personal credit institutions; insurance carriers, agents and brokers; commodity and security brokers; and health and welfare funds.

**REAL ESTATE AND RENTAL AND LEASING** includes establishments involved in renting, leasing, or otherwise allowing the use of tangible (real estate and equipment) or intangible assets (patents and trademarks) and providing related services.

**PROFESSIONAL, SCIENTIFIC, AND TECHNICAL SERVICES** are those establishments that specialize in performing professional, scientific and technical services for others. These activities require a high degree of expertise and training.

**MANAGEMENT OF COMPANIES AND ENTERPRISES** are those businesses engaged in the holding of securities of companies and enterprises for the purpose of owning a controlling interest or influencing management decisions. Also included are establishments that administer, oversee and manage other establishments of the same company or enterprise and normally undertake strategic, organizational planning and decision- making roles.

**ADMINISTRATIVE AND SUPPORT AND WASTE MANAGEMENT AND REMEDIATION SERVICES** include activities related to performing routine support activities for the day-to-day operations of other organizations. Other activities included in this sector are security and surveillance services, cleaning, waste collection and waste disposal systems.

**EDUCATIONAL SERVICES** include establishments that provide instruction, training and support services in a wide variety of subjects. This instruction and training is provided by specialized establishments, such as schools, colleges, universities, and training centers. Also included are trade schools, apprenticeship training, professional and management development training and educational testing services.

**HEALTH CARE AND SOCIAL ASSISTANCE** include businesses involved in providing health care and social assistance for individuals.

**ARTS, ENTERTAINMENT, AND RECREATION** are organizations that are operating or providing services to meet varied cultural, entertainment, and recreational interests of their patrons.

**ACCOMMODATION AND FOOD SERVICES** are responsible for providing customers with lodging and/or preparing meals, snacks, and beverages for immediate consumption.

**OTHER SERVICES (EXCEPT PUBLIC ADMINISTRATION)** include organizations that are responsible for providing services, not elsewhere specified, including repairs, religious activities, grant making, advocacy, laundry and dry-cleaning services, personal care, death care, pet care, domestic service and other personal services.

**PUBLIC ADMINISTRATION** includes the administration, management, and oversight of public programs by Federal, State, and local governments.