



Form NCUI 604 Employer Status Report Instructions

Purpose of form: Form NCUI 604 is used to determine liability under the North Carolina Employment Security Law, General Statute 96 and division regulations.

Instructions for Page 1

1. In line 4, write the Consumer's name.
 2. In line 6, write the Consumer's mailing address, including street, city, state and zip code.
 3. In line 7, write the Consumer's phone number.
 4. In line 10, write the Consumer's street, city, zip code and county. Write the number of Attendants you expect to hire in the next 12 months.
 - a. If the Consumer is not going to hire any Attendants in the next 12 months, write zero.
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Instructions for Page 2

5. In box 25, write the following Consumer information:
 - a. First name
 - b. Middle name
 - c. Last name
 - d. Title: IL Consumer
 - e. Social Security number
 - f. Street address
 - g. City of residence
 - h. State of residence
 - i. Zip code
 - j. Phone number including area code
6. Consumer signs his or her name, writes the title as NC Independent Living Consumer and today's date.



Choice. With Confidence.

Sample Form NCUI 604 Employer Status Report

Page 1:

THIS REPORT IS REQUIRED OF EVERY EMPLOYING UNIT AND WILL BE USED TO DETERMINE LIABILITY UNDER THE NORTH CAROLINA EMPLOYMENT SECURITY LAW, GENERAL STATUTE 96 AND DIVISION REGULATIONS.

Employer Status Report

Please Read Instructions!

NC Dept. of Commerce
Division of Employment Security
Post Office Box 26504
Raleigh, N.C. 27611-6504

Please Type or Print in Black Ink
or File Online www.ncesc.com
Return Within 10 Days

For Agency Use Only:						Account No.		Liab Y N		A/C/AS	
Root	OW/OF	S Add	ET AL	S/PR	BR	Liab Date					
Del After			Law Sec		M/W	County		ERA		Own	
Curr	P1	P2	P3	P4	P5	Next					
Orig	Ind Ctr	React Date			L Let		St Adj		TA		
PC Let											

1. Federal ID number: _____ 2. N.C. Dept. of Revenue withholding ID number: _____

3. Enter any previously assigned North Carolina unemployment tax numbers: _____

4. Employer name: **John Adam Doe**
Enter exact name of legal entity – for further details see instructions)

5. Trade name: _____

6. Mailing address: **1234 Main Street** **Raleigh** **NC** **XXXXX**
Street or P.O. Box City State Zip Code

7. Phone number: **(XXX) XXX-XXXX** 8. FAX number: () _____

9. Contact person: **Cindy Cichosz** Title **Tax Manager**
Phone number: (414) 431-7421 E-mail Address: **cindy.cichosz@mcfi.net**

10. N.C. business location: **1234 Main Street** **Raleigh** **NC** **XXXXX** **Wake**
Street (Do not use a post office box) City State Zip Code County Number of Employees expected in the next 12 months: **0**

- 1. Write Consumer name.
- 2. Write Consumer address.
- 3. Write Consumer phone number.
- 4. Write Consumer address and # of Attendants to be hired in 12 months (if any).

Page 2:

25. List owners (parent corporation, sole proprietor, ALL general partners, principal corporate officers, or members.) Attach a list of those for which there is no space below.

John <i>First Name</i>	Adam <i>Middle Name</i>	Doe <i>Last Name</i>	NC Independent Living Consumer <i>Title</i>	XXX-XX-XX <i>SSN or FEIN</i>
1234 Main Street <i>Street or P.O. Box</i>	Raleigh <i>City</i>	NC <i>State</i>	XXXXX <i>Zip Code</i>	(XXX) XXX-XXXX <i>Phone</i>
_____ <i>First Name</i>	_____ <i>Middle Name</i>	_____ <i>Last Name</i>	_____ <i>Title</i>	_____ <i>SSN or FEIN</i>
_____ <i>Street or P.O. Box</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip Code</i>	() _____ <i>Phone</i>
_____ <i>First Name</i>	_____ <i>Middle Name</i>	_____ <i>Last Name</i>	_____ <i>Title</i>	_____ <i>SSN or FEIN</i>
_____ <i>Street or P.O. Box</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip Code</i>	() _____ <i>Phone</i>

- 5. Write Consumer information: first name, middle name, last name, title (NC Independent Living Consumer), SSN, address and phone number.
- 6. Consumer signs, writes title (NC Independent Living Consumer) and date.

Be Sure That All Applicable Items Are Completed Before Signing

I certify that the information entered on this form is true and accurate, and that I am authorized by the named employing unit to complete this report for determining unemployment tax liability.

Signature

NC Independent Living Consumer **MM/ DD/ YYYY**
Title MM DD YYYY