

NONPROFIT ORGANIZATION

EMPLOYER'S REPORT FOR 2016

Required to determine your employer status under the Wisconsin Unemployment Insurance Act, (CHAPTER 108, WIS. STATS.) COMPLETE AND RETURN THIS REPORT WITHIN 10 DAYS, UNLESS INSTRUCTED OTHERWISE, EVEN IF THERE ARE NO EMPLOYEES.

UI ACCOUNT NUMBER

Complete 1-14.

1. Legal Name

2. Trade Name (DBA)

3. Mailing Address *c/o* (if required for correct delivery)

4. Street or P.O. Box

5. City

State

Zip Code

6. Federal Identification Number

7. Person To Contact For Additional Information:
Name

Email Address

Telephone Number

9. Number of employees on payroll:

Send to:

**Department of Workforce Development
Division of Unemployment Insurance
P.O. Box 7942
Madison, WI 53707**

**Telephone (608) 261-6700
Fax: (608) 267-1400
<http://unemployment.wisconsin.gov>
email: taxnet@dwd.wisconsin.gov**

8. Date you first had paid employees in Wisconsin (mm/dd/yyyy):

10. Nonprofit organizations are required to comply with the Wisconsin Unemployment Insurance Law as of the beginning of any calendar year if they employed at least 4 individuals on at least one day in 20 different calendar weeks in either the current or preceding calendar year. Section 108.02(19) defines a "nonprofit organization" as an organization described in s. 501(c)(3) of the Internal Revenue Code.

Is your organization a nonprofit organization? Yes No

If "yes", you must submit a copy of your determination letter from the Internal Revenue Service, establishing your nonprofit status, if you have not already done so. If you have not received your 501(c)(3) ruling, submit a copy of your application for 501(c)(3) status and a copy of your articles of incorporation. (Failure to submit a copy will mean your organization cannot be treated as a nonprofit organization for purposes of Wisconsin UI law.)

11. Did you have 4 or more employees working for you on the same day in 20 different weeks in a calendar year?
 Yes No (Do not include employees working in excluded employment.)

If yes, what was the date the 20th week ended (mm/dd/yyyy)?

12. Briefly describe the services provided by your organization:

13. Location where the organization conducts business if different from mailing address:

Continue 

DIRECTIONS FOR COMPLETING EMPLOYMENT TABLE

14. Complete all columns in the table below through the most recent week of 2016 employment. Read directions below

		1	2	3	4
Wk #	2016 Week Ending	Total No. of Employees in each week	Permitted Exclusions	Net Number	Check (X) each week in which you had a day of 4 or more employees
1	Jan 2				
2	9				
3	16				
4	23				
5	30				
6	Feb 6				
7	13				
8	20				
9	27				
10	Mar 5				
11	12				
12	19				
13	26				
14	Apr 2				
15	9				
16	16				
17	23				
18	30				
19	May 7				
20	14				
21	21				
22	28				
23	June 4				
24	11				
25	18				
26	25				
27	July 2				
28	9				
29	16				
30	23				
31	30				
32	Aug 6				
33	13				
34	20				
35	27				
36	Sept 3				
37	10				
38	17				
39	24				
40	Oct 1				
41	8				
42	15				
43	22				
44	29				
45	Nov 5				
46	12				
47	19				
48	26				
49	Dec 3				
50	10				
51	17				
52	24				
53	31				

- The employee count in Column 1 should include every individual who performed some services for pay in the week, including part-time employees and paid officers. Include all employees working in Wisconsin.
- The count in Column 2 should include employees whose only work in that week was in excluded employment. The following are types of exclusions permitted. Check (x) type(s) claimed below.

- (a) Employee of a church or convention or association of churches.
- (b) Employee of an organization operated primarily for religious purposes and operated, supervised, controlled, or principally supported by a church.
- (c) Minister or member of a religious order exercising required religious duties.
- (d) Impaired individual receiving rehabilitation or remunerative work in a facility conducted for that purpose.
- (e) Individual receiving government financed work relief or work training.
- (f) Patient employed by a hospital.
- (g) Student nurse or intern employed by a hospital or nurses' training school.
- (h) Student or student's spouse employed by the school, college or university.
- (i) Student performing services as a formal and accredited part of a work-study program certified to the employer by the school.
- (j) Inmate employed by a penal institution.

- Subtract Column 2 figure from Column 1 and show result in Column 3.
- Using Column 3 figure, check (x) in Column 4 each week where 4 individuals were employed for any part of one day in that week. Write "none" in Column 4 if there have been no weeks in which you had a day of four employees.

Section 108.24(2) provides for fines and/or imprisonment for making known false statements on this report or for refusing to submit the completed reports to this office. Your signature below indicates the report is true and complete to the best of your knowledge and belief.

Signature
Position
Date Signed (mm/dd/yyyy)