

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)
b) _____	_____	_____
TRADE NAME	LOCATION	TYPE OF ACTIVITY OR PRODUCT (be specific)
  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
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Signature Title

Please initial the box to the left.