



**G – UNEMPLOYMENT INSURANCE 303-318-9100 (Denver-metro area), 1-800-480-8299 toll-free**

1. Has the taxpayer paid any individual that is considered contract or subcontract labor? .....  Yes  No  N/A
  - a. If Yes, describe the occupation(s) \_\_\_\_\_
2. Does the business activity consist of employee leasing or management of other businesses? .....  Yes  No  N/A
3. If the taxpayer is a corporation, are any officers who perform services in Colorado paid wages?
 

NOTE: Taxable wages include payments to corporate officers and "dividends" paid in lieu of wages to an officer who performs services for a S corporation. ....  Yes  No  N/A
4. If the taxpayer is an individual (sole proprietorship), does he/she have any employees other than the individual, his/her spouse, and his/her children under the age of 21? .....  Yes  No  N/A
5. If the taxpayer is a partnership or any type of limited liability organization, does it have anyone performing services other than the partners or members of the limited liability organization? .....  Yes  No  N/A
6. Has the taxpayer ever paid or expects to pay wages in the state of Colorado? .....  Yes  No  N/A
 

If the answer is No, do not complete the remainder of section G. **BE SURE TO SIGN IN SECTION F.**

If Yes, on what date? \_\_\_\_\_

- 7a. Employers are required to provide unemployment insurance coverage if they meet the following requirements. Please check the appropriate box and complete 7b.
  - Business Employer.**  
A commercial, industrial, or professional organization that pays one or more workers a total of \$1,500 gross wages in a calendar quarter (Jan.-Mar., April-June, July-Sept., Oct.-Dec.) or employs one or more workers in each of any 20 different calendar weeks in a calendar year.
  - Agricultural Workers.**  
An agricultural employer who pays one or more employees a total of \$20,000 gross wages in a calendar quarter (Jan.-Mar., April-June, July-Sept., Oct.-Dec.) or has ten or more employees in each of any 20 calendar weeks in a calendar year.
  - Household/Domestic Workers.**  
A household/domestic employer who pays one or more employees a total of \$1,000 gross wages in a calendar quarter (Jan.-Mar., April-June, July-Sept., Oct.-Dec.).
  - 501(c)(3) Nonprofit Organization.**  
A 501(c)(3) nonprofit organization that has four or more employees in each of 20 weeks in a calendar year.

7b. Enter date the taxpayer did or will meet the above requirement? .....

Enter total gross wages paid in the most recently completed calendar quarter .....	\$
Enter current number of employees .....	

**H – LABOR MARKET INFORMATION (303) 318-8852**

1. Check the description that best describes the taxpayer's business activity in Colorado and explain in detail in box 2 below.
 

<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Agricultural</b> (List Crops, Animals, &amp; Services Provided)</li> <li><input type="checkbox"/> <b>Mining</b> (List Product Extracted or Service Performed)</li> <li><input type="checkbox"/> <b>Utilities</b> (List Type and Explain Services Performed)</li> <li><input type="checkbox"/> <b>Construction</b> (Explain in Detail in Box 2 Below)                             <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Construction of Buildings</b> (List Type of Building)</li> <li><input type="checkbox"/> <b>Heavy and Civil Engineering</b> (Explain Below)</li> <li><input type="checkbox"/> <b>Subcontractor</b> (List Specialty Trade Below and Whether Residential or Commercial Services)</li> </ul> </li> <li><input type="checkbox"/> <b>Manufacturing &amp; Assembly</b> (List Products &amp; Materials Used)</li> <li><input type="checkbox"/> <b>Wholesale Trade</b> (List What Sold and to Whom)</li> <li><input type="checkbox"/> <b>Retail Trade</b> (List What Sold and to Whom)</li> <li><input type="checkbox"/> <b>Transportation and Warehousing</b> (List Type &amp; Details)</li> <li><input type="checkbox"/> <b>Information</b> (Publish, Broadcast, Telecomm, ISPs)(Explain)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Finance &amp; Insurance</b> (Explain in Detail)</li> <li><input type="checkbox"/> <b>Real Estate and Rental and Leasing</b> (Explain in Detail)</li> <li><input type="checkbox"/> <b>Professional and Technical Services</b> (Explain in Detail)</li> <li><input type="checkbox"/> <b>Management of Companies &amp; Enterprises</b> (Explain)</li> <li><input type="checkbox"/> <b>Administrative and Waste Services</b> (Explain in Detail)</li> <li><input type="checkbox"/> <b>Educational Services</b> (Explain in Detail)</li> <li><input type="checkbox"/> <b>Health care and Social Assistance</b> (Explain in Detail)</li> <li><input type="checkbox"/> <b>Arts, Entertainment and Recreation</b> (Explain in Detail)</li> <li><input type="checkbox"/> <b>Accommodation and Food Services</b> (Explain in Detail) Restaurants (Full Service-Wait People Or Limited Service)</li> <li><input type="checkbox"/> <b>Other Services, except Public Admin.</b> (Explain in Detail)</li> <li><input type="checkbox"/> <b>Public Administration</b> (Explain in Detail)</li> <li><input type="checkbox"/> <b>Household/Domestic</b></li> </ul>
--	---

2. List **SPECIFIC** products or services and **EXPLAIN IN DETAIL**. If more than one activity, make **ONE** a **PREDOMINANT** percent. (e.g. 51-49%)

3. **Worksite Information** - Complete the following for each physical location in **COLORADO**. For each additional location, copy Section H and complete. **NOTE:** If the employee works from home, list the resident address.

Worksite Physical Address ( <b>COLORADO BUSINESS OR RESIDENCE ADDRESS</b> ) (Do <b>NOT</b> list P.O. Box or accountant address)				
Street	City	State	ZIP CODE	County
Average Number of Monthly Employees	Worksite Phone	Worksite Contact Person - Please Print		

**RETURN BOTH WHITE COPIES OF THE FORM TO COLORADO DEPARTMENT OF REVENUE.  
DID YOU COMPLETE SIDE B OF COPY 1?**

**FEE SCHEDULE**

- **Trade name registration** for all types of business **except** corporations, all types of limited partnerships and limited liability companies. .... \$8.00
- **Wholesale, retail and multiple event license**  
 If first day of sales is:
  - January to June even-numbered years 2004, 2006, 2008 ..... \$16.00
  - July to December even-numbered years 2004, 2006, 2008 ..... \$12.00
  - January to June odd-numbered years 2005, 2007, 2009 ..... \$8.00
  - July to December odd-numbered years 2005, 2007, 2009 ..... \$4.00
- **Charitable license** ..... \$8.00
- **Single event license** ..... \$8.00
- **A deposit** is required on a retail sales tax license only. .... \$50.00

If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your banking account electronically.

*Fee Notes*

- The deposit will be refunded automatically after a business has collected and paid \$50 in *state sales taxes*. **DO NOT** deduct the deposit on your sales tax return. The deposit is only required on a business first location.
- There is no charge for a multiple or single event license IF a business has a current wholesale or retail sales tax license.
- All licenses except the single event license are valid through December 31 of each odd-numbered year.

If you have questions regarding "Side A" call the Department of Revenue, (303) 238-SERV(7378). If you have questions regarding "Side B", call the Department of Labor and Employment 303-318-9100 (Denver-metro area) 1-800- 480-8299 (outside Denver-metro area).

**INSTRUCTIONS:** This form consists of three copies; please complete the form, mail two copies of the completed form to the **Colorado Department of Revenue, Denver, CO 80261-0013**, and retain one copy for your records.

If you've downloaded this form from the Internet, please complete the form and make two photocopies of it. Mail the original form and one copy to the **Colorado Department of Revenue, Denver CO 80261-0013**; retain one photocopy of the completed form for your records.

**For walk-in service, please bring all 3 copies of the completed form to:**

DENVER SERVICE CENTER  
1375 Sherman St.  
Denver CO 80261

COLORADO SPRINGS SERVICE CENTER  
4420 Austin Bluffs Pky.  
Colorado Springs CO 80918

FORT COLLINS REGIONAL SERVICE CENTER  
1121 W. Prospect Rd., Bldg. D  
Fort Collins, CO 80526

GRAND JUNCTION SERVICE CENTER  
222 S. Sixth St., Room 208  
Grand Junction CO 81501

PUEBLO SERVICE CENTER  
310 E. Abriendo Ave., Suite A4  
Pueblo CO 81004-4226

**UNEMPLOYMENT INSURANCE**

Any unemployment insurance payments should be made on a separate check, payable to Colorado State Treasurer.

Questions regarding unemployment insurance may be directed to:

Colorado Department of Labor and Employment  
Unemployment Insurance Operations  
P.O. Box 8789, Denver, CO 80201-8789  
303-318-9100 (Denver-metro area)  
1-800-480-8299 (outside Denver-metro area)

**Visit Our Online Services:** [www.coloradoworkforce.com](http://www.coloradoworkforce.com)  
Visit the Colorado Department of Labor and Employment online eServices. From this site, eligible employers are able to perform some functions online:

- Register for an Unemployment Insurance Tax Account.
- File UI Tax Report for the Current Quarter.
- Submit UI Reports of Workers Wages.
- Change the UI Employer Business Address

**LABOR MARKET INFORMATION**

If you have any questions regarding Labor Market Information, please contact:

Colorado Department of Labor and Employment  
Labor Market Information  
633 17th St., Suite 600  
Denver, CO 80202-3660  
(303) 318-8852