

**SUPPLEMENTAL REGISTRATION FORM
AGRICULTURAL EMPLOYERS, DOMESTIC SERVICE
AND NONPROFIT ORGANIZATIONS**

State of Nevada
Department of Employment, Training and Rehabilitation
Employment Security Division
500 E. Third Street
Carson City, Nevada 89713-0030
(775) 684-6310

Employer Name: _____

Mailing Address: _____

A. Are you subject to FUTA taxes in any state? Yes No

B. Number of employees (Please complete applicable section only)

Agricultural: Did you employ 10 or more persons in 20 weeks during the calendar year? Yes No

Domestic: Did you employ 1 or more persons during calendar year? Yes No

Nonprofit: Did you employ 4 or more persons in 20 weeks during calendar year? Yes No

C. Date wages first paid in Nevada _____

D. RECORD OF NEVADA EMPLOYMENT IN PRECEDING CALENDAR YEAR

List below the number of different individuals in your employ within each calendar week. (Include full and part-time employees. Also include **salaried officers**.)

Year	January	February	March	April	May	June
Week Ending						
Number Employed						
Year	July	August	September	October	November	December
Week Ending						
Number Employed						

(ESTIMATE IF NECESSARY)

E. TOTAL WAGES: \$ _____ 1st Qtr: \$ _____ 2nd Qtr: \$ _____ 3rd Qtr: \$ _____ 4th Qtr: \$ _____

F. RECORD OF NEVADA EMPLOYMENT IN CURRENT CALENDAR YEAR

List below the number of different individuals in your employ within each calendar week. (Include full and part-time employees. Also include **salaried officers**.)

Year	January	February	March	April	May	June
Week Ending						
Number Employed						
Year	July	August	September	October	November	December
Week Ending						
Number Employed						

(ESTIMATE IF NECESSARY)

G. TOTAL WAGES \$ _____ 1st Qtr: \$ _____ 2nd Qtr: \$ _____ 3rd Qtr: \$ _____ 4th Qtr: \$ _____

H. DECLARATION: I certify that the information in this report is true and correct to the best of my knowledge and belief.
(If General Partnership or Joint Venture, more than one signature and title is required.)

Date Signature (Owner, General Partners or Corporate Officer) Title

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INSTRUCTIONS

- A. Subject to FUTA: Check the block to indicate if you are subject to FUTA taxes in ANY state.
- B. Number of employees: Check the block in the applicable section indicating if you have or have not employed the required number of employees. The information is needed to determine liability.
- C. Date wages first paid: Enter date wages first paid in Nevada.
- D. Record of Nevada employment in preceding calendar year: Enter the number of individuals you employed within each calendar week. Include full and part-time employees and salaried officers.
- E. Total wages of preceding calendar year: Enter the amount of total wages paid during the year and each calendar quarter.
- F. Record of employment in current calendar year: Enter the number of individuals you employed within each calendar week. Include full and part-time employees and salaried officers.
- G. Total wages of current calendar year: Enter the amount of total wages paid during the year and each calendar quarter.

GENERAL INFORMATION

Agricultural Employers:

“Employment” includes agricultural labor if:

- (a) Cash wages of \$20,000 or more were paid for agricultural labor in any calendar quarter of the current calendar year or preceding calendar year; OR
- (b) There were ten or more employees in agricultural labor on at least 20 days in the current calendar year or preceding calendar year, each day being a different week, whether or not the weeks were consecutive or the employees were employed at the same time.

An employer who becomes subject to the law during a calendar year, under either of the above conditions, is subject from the beginning of the calendar year.

Domestic Service:

“Employment” includes domestic service performed in a private home, local college club or local chapter of a fraternity or sorority, if cash wages of \$1,000.00 or more were paid in any calendar quarter of the current calendar year or the preceding calendar year.

An employer who becomes subject to the law during a calendar year, under the above conditions, is subject from the beginning of the calendar year.

Nonprofit organizations:

Nonprofit organizations exempt from federal income tax and operated exclusively for religious, charitable, scientific, testing for public safety, literary or educational purposes, or for the prevention of cruelty to children or animals, become subject for a minimum of two years from the beginning of the calendar year in which four or more individuals were employed for some portion of a day in each of 20 different weeks, whether or not such weeks were consecutive, within either the current or preceding calendar year.

A copy of the federal exemption letter and tax payment option form must be returned with this application.