

**VIRGIN ISLANDS DEPARTMENT OF LABOR
UNEMPLOYMENT INSURANCE DIVISION**

P.O. BOX 303159
ST. THOMAS, VIRGIN ISLANDS 00803

TAX SECTION
340-776-3700 STT
340-773-1440 STX

EMPLOYER REGISTRATION

TO BE COMPLETED BY AGENCY	
Employer No. _____	_____
NAICS Code _____	_____

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 _____
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 (c)(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.
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b) _____

Name	Address	Home Phone	Social Security No.
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c) _____

Name	Address	Home Phone	Social Security No.
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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)
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b) _____

TRADE NAME	LOCATION	TYPE OF ACTIVITY OR PRODUCT (be specific)
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c) _____

TRADE NAME	LOCATION	TYPE OF ACTIVITY OF PRODUCT (be specific)
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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 _____ b) State Number _____
23. Is your payroll on a computer? a) yes b) no
24. If yes above; a) make and model of computer _____ b) disk or tape _____

Signature

Title

Print Name

Date