

10. Enter the date of the first payroll from which you withheld or will withhold NYS Income Tax from your employees: ____ / ____ / ____

11. Required Addresses.

11a. **Mailing Address:** This is your business mailing address where your Withholding Tax (WT) and Unemployment Insurance (UI) mail will be delivered. However, if you elect to have your UI mail directed to an address other than your place of business, complete number 11d below

Street or PO Box: _____

City: _____ State: _____ ZIP Code: _____

11b. **Physical Address:** This is the **physical** location of your business, *if* different from the mailing address in 11a.

Street: _____

City: _____ State: _____ ZIP Code: _____

11c. **Location of Books/Records:** This is the **physical** location where your Books and Records are maintained.

Same as 11a Same as 11b Other – please complete

C/O: _____

Street: _____

City: _____ State: _____ ZIP Code: _____

Additional Addresses

11d. **Agent Address (C/O):** Complete this if your UI mail should be sent to an address other than your business address.

C/O: _____

Street or PO Box: _____

City: _____ State: _____ ZIP Code: _____

Telephone: (____) ____ - ____ ext: _____

11e. **LO 400 form – Notice of Entitlement and Potential Charges Address:** If completed, this is where the LO 400 will be directed. It is mailed each time a former employee files a claim for Unemployment Insurance Benefits.

Same as 11d Other – please complete

C/O: _____

Street: _____

City: _____ State: _____ ZIP Code: _____

I affirm that I have read the above questions and that the answers provided are true to the best of my knowledge and belief.

_____/_____/_____
Signature of Chief Executive Officer (mm/dd/yyyy)

Official Position Phone no. (____) ____ - ____