THIS IS A FILLABLE FORM

**Instructions for preparation of form OES-1, Status Report**

1. Enter the name by which the business is known. Examples: "A & B Hardware", Whiteway Theater. List your business telephone number.

2. Enter Your Federal Identification Account Number.

3. Enter address to which forms for reports, notices and correspondence should be mailed by Commission.

4. Enter a check mark after the word that properly describes type of ownership of your business.

5. Enter full name, residence address, telephone number and Social Security Number of all owners, partners, corporate officers or members. Attach additional sheet if sufficient space is not provided. All corporate officers, including officers of Sub-Chapter S corporations, are considered employees for unemployment tax reports.

6. Enter full corporate name (as it appears on your corporate seal), date of incorporation or filing and State which incorporated.

7. When you reported to the U.S. Internal Revenue Service that you were chartering a limited liability company, you were required to "check the box" on IRS Form 8832 to inform them how you wanted to be taxed. Your answer here should be the same as you selected for federal tax purposes.

8. If your answer is "Yes", please attach a copy of your letter of exemption from the Internal Revenue Service.

9. Date your firm entered business in Oklahoma.

10. Enter the earliest date on which services were performed and wages paid in Oklahoma.

11. State what kind of business you operate in Oklahoma and the principal product manufactured or traded.

12. If your answer was "Yes", please enter name and address of former owner and date acquired.

13. If "Yes", enter the year you first became liable.

14. Self explanatory.

15. Attach additional sheet if necessary.

16. Enter gross payroll of your business by quarter for the current year and the preceding to (2) calendar years (Oklahoma payroll only).

17. Enter by week the number of workers to whom you furnished employment in Oklahoma. Include both full-time and part-time employees. Indicate current calendar year employment followed by employment in preceding calendar years. A week is seven (7) consecutive calendar days beginning at 12:01 A.M. Sunday and ending at 12:00 midnight on the next succeeding Saturday.

18. Must be signed by owner, partner, corporate officer or authorized official.

***Mail completed and signed form to:***

***Oklahoma Employment Security Commission***
***Attn: Status Department***
***P O Box 52003***
***Oklahoma City OK 73152-2003***
***(405)557-7138***

OES-1 (11-04) **Oklahoma Employment Security Commission - Employer Status Report**

1. Business or Trade Name | Telephone No. | 2. Federal Identification

3. Business mailing address (no. & St.) (City or Town) (State) (Zip)

4. Type of Organization: Sole Proprietor ☐ Partnership ☐ Corporation ☐ Government ☐ LLC ☐ LLP ☐
Limited Partnership ☐ Other (Specify) ☐

5. Owners/Partners/Corp Officers/Members Title Residence Address Telephone Stock Ownership%
Name-
SSA#-
Name-
SSA#-
Name-
SSA#-

6. If a Corporation, LLC, LLP, Enter Full Name | State of Incorporation or Filing | Date of filing

7. If an LLC or LLP, how have you chosen to be taxed for federal tax purposes?
Sole Proprietor ☐ Partnership ☐ Corporation ☐

8. Is your Business a nonprofit organization? Yes ☐ No ☐ If Yes, attach a copy of your exemption from the IRS.

9. Date entered business in Okla. | 10. Date of first employment in Okla.

11. Describe the exact nature of your business or employment activity and list the principal products manufactured or traded in Oklahoma:

12. Did you acquire an established business in Oklahoma? Yes ☐ No ☐
If Yes, did you acquire substantially all of the Oklahoma trade, organization, employees, business or assets? Yes ☐ No ☐
Date of acquisition:_____
Name, Address and Oklahoma account number of former owner.

13. Are you liable under the Federal Unemployment Tax Act? Yes ☐ No ☐
If Yes, enter year liable:

14. If you have previously filed reports to the Oklahoma Employment Security Commission show name and account number.

15. Show addresses of all locations in Oklahoma: (1)
(2) (3)

16. Enter gross Oklahoma payroll for the current and two prior calendar years:

| Calendar Year | 1st Qtr. | 2nd Qtr. | 3rd Qtr. | 4th Qtr. |
|---|---|---|---|---|
| _____ | $ _____ | $ _____ | $ _____ | $ _____ |
| _____ | $ _____ | $ _____ | $ _____ | $ _____ |
| _____ | $ _____ | $ _____ | $ _____ | $ _____ |

17. Enter by week the number of workers you employed in Oklahoma during the same period.

| Yr___ | 1st wk. | 2nd wk. | 3rd wk. | 4th wk. | 5th wk. | Yr___ | 1st wk. | 2nd wk. | 3rd wk. | 4th wk. | 5th wk. | Yr___ | 1st wk. | 2nd wk. | 3rd wk. | 4th wk. | 5th wk. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Jan. | | | | | | Jan. | | | | | | Jan. | | | | | |
| Feb. | | | | | | Feb. | | | | | | Feb. | | | | | |
| Mar. | | | | | | Mar. | | | | | | Mar. | | | | | |
| Apr. | | | | | | Apr. | | | | | | Apr. | | | | | |
| May | | | | | | May | | | | | | May | | | | | |
| Jun. | | | | | | Jun. | | | | | | Jun. | | | | | |
| Jul. | | | | | | Jul. | | | | | | Jul. | | | | | |
| Aug. | | | | | | Aug. | | | | | | Aug. | | | | | |
| Sep. | | | | | | Sep. | | | | | | Sep. | | | | | |
| Oct. | | | | | | Oct. | | | | | | Oct. | | | | | |
| Nov. | | | | | | Nov. | | | | | | Nov. | | | | | |
| Dec. | | | | | | Dec. | | | | | | Dec. | | | | | |

**Note: Must be signed by owner, all partners, corporate officers or authorized official.**

18. Signed:_____ Title _____Date_____

**For Commission use only** Control No.

| State No | | FEIN | |
|---|---|---|---|
| L-Date | E-Date | S-Date | R-Date |
| L-Code | Pred No | | |

RESET

**Auxiliary Aids and Services are available upon request to individuals with disabilities**