

## BUSINESS REGISTRATION

C-1 (12/21)

ATTN: EMPLOYER SERVICES  
P.O. BOX 488  
MONTPELIER, VERMONT 05601-0488

TELEPHONE: 802-828-4344  
FAX: 802-828-4248

VERMONT EMPLOYER NUMBER  
2104728

COMPLETE BOTH PAGES OF THIS FORM, AND RETURN WITHIN 10 DAYS  
OR GO TO 'EMPLOYER ONLINE SERVICES' AT [WWW.LABOR.VERMONT.GOV](http://WWW.LABOR.VERMONT.GOV).

INCOMPLETE FORMS WILL  
DELAY REGISTRATION.

RETURN TO  
ACTIVE

YOU WILL BE INFORMED OF YOUR VERMONT UI LIABILITY

1. FEDERAL ID NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">8   3   -   2   1   5   0   0   8   9</div>													
2. EMPLOYER'S LEGAL NAME <b>IDEAS PROPERTY MANAGEMENT</b>						5. MAILING ADDRESS STREET <b>1115 N. HOLLOW RD.</b>							
3. TRADE OR DBA NAME (LIST ALL)						CITY <b>STOWE</b>		STATE <b>VT</b>		ZIP CODE <b>05672</b>			
4. ATTENTION OR C/O NAME <b>REBECCA DONALDSON</b>						5A. E-MAIL ADDRESS/WEB ADDRESS							
						5B. TELEPHONE NUMBER <b>802 798 3004</b>			5C. FAX NUMBER				
6. TYPE OF ORGANIZATION (CHECK ONE) <input type="checkbox"/> SOLE-PROPRIETORSHIP OR DOMESTIC <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CO-OWNER (Husband/Wife or Civil Union Partners) <input type="checkbox"/> 501 (c)(3) CORPORATION, <b>MUST ATTACH IRS EXEMPTION</b> <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> TRUSTEE IN BANKRUPTCY <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC/LLP/L3C) <input type="checkbox"/> CORPORATION, SPECIFY STATE AND DATE OF INCORPORATION													
6A. LIST BELOW THE OWNER(S), PARTNERS, MEMBERS/MANAGERS OR OFFICERS:													
NAME		SOCIAL SECURITY NO.		TITLE		HOME ADDRESS (NO P.O. BOXES)							
<b>MARK DONALDSON</b>		<b>536-47-0482</b>		<b>MEMBER</b>		<b>1115 N. HOLLOW RD STOWE VT</b>							
<b>REBECCA DONALDSON</b>		<b>539-53-8819</b>		<b>MEMBER (SJM)</b>		<b>05672</b>							
<b>MULTISTATE WORKERS</b>													
7. DO YOU HAVE EMPLOYEE(S) WHO WORKED FOR YOU IN ANOTHER STATE BEFORE WORKING IN VERMONT? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES													
7A. FIRST DATE OF EMPLOYMENT IN VERMONT: <b>12/30/2022</b> DATE FIRST WAGES PAID IN VERMONT: <b>12/31/2022</b>													
7B. HAS YOUR ORGANIZATION PAID FEDERAL UNEMPLOYMENT TAX ON WAGES PAID IN ANOTHER STATE IN PRIOR YEARS? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, LIST YEARS <b>2020</b>													
7C. ENTER THE NUMBER OF WORKERS FOR EACH WEEK AND THE TOTAL GROSS WAGES PAID FOR EACH CALENDAR QUARTER EMPLOYMENT OCCURRED. IF EMPLOYMENT OCCURRED PRIOR TO THE CALENDAR YEARS LISTED BELOW, PLEASE ATTACH ADDITIONAL SHEETS WITH THE NEEDED INFORMATION. DO NOT ESTIMATE FUTURE WAGES. A WORKER IS ANYONE PERFORMING SERVICES FOR YOUR BUSINESS, UNLESS THEY ARE EXEMPT UNDER UNEMPLOYMENT.													
CALENDAR YEAR 2022 - ENTER NUMBER OF WORKERS IN EACH WEEK													
1-Jan	8-Jan	15-Jan	22-Jan	29-Jan	5-Feb	12-Feb	19-Feb	26-Feb	5-Mar	12-Mar	19-Mar	26-Mar	ENTER QUARTERLY GROSS WAGES PAID
2-Apr	9-Apr	16-Apr	23-Apr	30-Apr	7-May	14-May	21-May	28-May	4-Jun	11-Jun	18-Jun	25-Jun	
2-Jul	9-Jul	16-Jul	23-Jul	30-Jul	6-Aug	13-Aug	20-Aug	27-Aug	3-Sep	10-Sep	17-Sep	24-Sep	
1-Oct	8-Oct	15-Oct	22-Oct	29-Oct	5-Nov	12-Nov	19-Nov	26-Nov	3-Dec	10-Dec	17-Dec	24-Dec	
CALENDAR YEAR 2021 - ENTER NUMBER OF WORKERS IN EACH WEEK													
2-Jan	9-Jan	16-Jan	23-Jan	30-Jan	6-Feb	13-Feb	20-Feb	27-Feb	6-Mar	13-Mar	20-Mar	27-Mar	ENTER QUARTERLY GROSS WAGES PAID
3-Apr	10-Apr	17-Apr	24-Apr	1-May	8-May	15-May	22-May	29-May	5-Jun	12-Jun	19-Jun	26-Jun	
3-Jul	10-Jul	17-Jul	24-Jul	30-Jul	7-Aug	14-Aug	21-Aug	28-Aug	4-Sep	11-Sep	18-Sep	25-Sep	
2-Oct	9-Oct	16-Oct	23-Oct	30-Oct	6-Nov	13-Nov	20-Nov	27-Nov	4-Dec	11-Dec	18-Dec	25-Dec	
<b>DEPARTMENT USE ONLY</b>													
STATUS NAICS		COUNTY	TOWN	LMI NAICS		LIABLE <input type="checkbox"/> NO <input type="checkbox"/> YES LIABLE ESTAB		REPORTS DUE <input type="checkbox"/> NONE <input type="checkbox"/> MAIL IN UC <input type="checkbox"/>		EXAMINED BY TICKLE DATE		DATE	
LIAB CODE	TYPE <input type="checkbox"/> NEW <input type="checkbox"/> RTA, SAME NO. <input type="checkbox"/> RTA, NEW NO.	<input type="checkbox"/> ACS <input type="checkbox"/> PARTIAL <input type="checkbox"/> FULL, TRANSFER EXPERIENCE		PREDECESSOR OR OLD NO.				RATES					

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8. VERMONT PHYSICAL LOCATION WHERE SERVICES ARE PERFORMED - STREET (NOT RFD OR P.O. BOX #) <div style="font-size: 1.2em; font-family: cursive;">1115 N Hollow RD</div>		TELEPHONE NUMBER <div style="font-size: 1.2em; font-family: cursive;">512 788 3400</div>				
CITY <div style="font-size: 1.2em; font-family: cursive;">STOWE</div>	STATE <div style="font-size: 1.2em; font-family: cursive;">VT</div>	ZIP CODE <div style="font-size: 1.2em; font-family: cursive;">05672</div>	FAX NUMBER			
9. DO YOU HAVE WORKERS PERFORMING SERVICES FOR YOUR BUSINESS WHOM YOU CONSIDER TO BE SELF-EMPLOYED OR INDEPENDENT CONTRACTORS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    IF YES, PLEASE ATTACH A LIST PROVIDING NAME, ADDRESS, TELEPHONE AND TYPE OF SERVICE PROVIDED/PERFORMED.						
10. DID YOU ACQUIRE THE ORGANIZATION, TRADE, BUSINESS OR ANY ASSETS OF ANY OTHER VERMONT EMPLOYER? <input type="checkbox"/> YES - Complete items 11A-11F and 12 <input checked="" type="checkbox"/> NO, GO TO ITEM 12  DID YOU INCORPORATE YOUR VERMONT PROPRIETORSHIP OR PARTNERSHIP? <input type="checkbox"/> YES - Account No.: _____  If YES, Complete items 11A-11F <input type="checkbox"/> NO - Go to item 12						
11A. DID YOU ACQUIRE <input type="checkbox"/> ALL? <input type="checkbox"/> PART?    11B. DATE ACQUIRED _____ 11C. UNEMPLOYMENT ACCOUNT NUMBER OF BUSINESS ACQUIRED _____ 11D. NAME OF BUSINESS ACQUIRED _____ 11E. NUMBER OF EMPLOYEES RETAINED FROM FORMER OWNER <input type="checkbox"/> NONE <input type="checkbox"/> SOME <input type="checkbox"/> ALL <input type="checkbox"/> HOW MANY? _____ 11F. HOW WAS BUSINESS ACQUIRED? (check one) <input type="checkbox"/> PURCHASE <input type="checkbox"/> MERGER <input type="checkbox"/> FRANCHISE <input type="checkbox"/> ENTITY CHANGE <input type="checkbox"/> LEASE (SPECIFY NATURE OF THE LEASE) _____						
12. HAVE YOU EVER HAD A VERMONT UNEMPLOYMENT ACCOUNT NUMBER FOR THIS BUSINESS OR ANY OTHER LEGAL BUSINESS ENTITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    IF YES, GIVE FULL BUSINESS NAME _____						
<b>NATURE OF BUSINESS ACTIVITY</b>						
13A. PROVIDE A DETAILED DESCRIPTION OF THE NATURE OF ACTIVITY IN VERMONT. <div style="font-size: 1.2em; font-family: cursive;">admin</div>		13B. LIST PRINCIPLE PRODUCT(S) OR SERVICE(S), IN ORDER OF IMPORTANCE. <div style="font-size: 1.2em; font-family: cursive;">Real Estate + Development.</div>				
13C. PLEASE SELECT THE APPROPRIATE CATEGORY BELOW WHICH CLOSELY DESCRIBES YOUR BUSINESS IN VERMONT. IF YOU HAVE MULTIPLE BUSINESS TYPES, PLEASE SPECIFY THE PERCENTAGES IN 13A. ABOVE. PLEASE BE SURE TO PROVIDE DETAILS IN 13A AND 13B.						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Agriculture, Forestry, Fishing &amp; Hunting  <input type="checkbox"/> Mining  <input type="checkbox"/> Utilities  <input checked="" type="checkbox"/> Construction  <input type="checkbox"/> Manufacturing  <input type="checkbox"/> Wholesale Trade  <input type="checkbox"/> Retail Trade           </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Transportation &amp; Warehousing  <input type="checkbox"/> Information  <input type="checkbox"/> Finance &amp; Insurance  <input checked="" type="checkbox"/> Real Estate &amp; Rental &amp; Leasing  <input type="checkbox"/> Professional, Scientific &amp; Technical Services  <input type="checkbox"/> Management of Companies &amp; Enterprises  <input type="checkbox"/> Administrative &amp; Waste Services           </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Educational Services  <input type="checkbox"/> Health Care &amp; Social Assistance  <input type="checkbox"/> Arts, Entertainment &amp; Recreation  <input type="checkbox"/> Accommodation &amp; Food Services  <input type="checkbox"/> Other Services (Except Administrative)  <input type="checkbox"/> Public Administration           </td> </tr> </table> <p style="font-size: 0.8em; margin-top: 10px;">IF YOU ARE UNSURE OF THE CATEGORY IN WHICH YOUR BUSINESS FALLS, CONTACT LABOR MARKET INFORMATION AT (802) 828-3868 OR ACCESS THE WEB AT <a href="http://www.naics.com/search.htm">HTTP://WWW.NAICS.COM/SEARCH.HTM</a> FOR MORE INFORMATION.</p>				<input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting <input type="checkbox"/> Mining <input type="checkbox"/> Utilities <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation & Warehousing <input type="checkbox"/> Information <input type="checkbox"/> Finance & Insurance <input checked="" type="checkbox"/> Real Estate & Rental & Leasing <input type="checkbox"/> Professional, Scientific & Technical Services <input type="checkbox"/> Management of Companies & Enterprises <input type="checkbox"/> Administrative & Waste Services	<input type="checkbox"/> Educational Services <input type="checkbox"/> Health Care & Social Assistance <input type="checkbox"/> Arts, Entertainment & Recreation <input type="checkbox"/> Accommodation & Food Services <input type="checkbox"/> Other Services (Except Administrative) <input type="checkbox"/> Public Administration
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14. ENTER THE NUMBER OF ESTABLISHMENTS THE ABOVE BUSINESS OPERATES IN VERMONT INCLUDE: Home(s) of personnel, when the company does not have an office or worksite in Vermont. EXCLUDE: Locations that are temporary (exist less than 1 year) or are not staffed on a regular basis.		<div style="border: 1px solid black; padding: 5px; display: inline-block; font-size: 1.2em; font-family: cursive;">ONE</div> If more than ONE location, attach a list specifying each location with the STREET ADDRESS, CITY AND THE NUMBER OF WORKERS AT EACH LOCATION.				
15. The following information is necessary as future notices will be available electronically. If the general contact is also responsible for UI Tax and Benefit information, enter "Same" in those areas.						
<b>UI General Contact*</b>  INTERNAL contact if other contacts fail: E-MAIL*: <u>rebecca@getideas.com</u>		<b>UI Tax Contact</b>  Person/Service that completes UI Tax Returns E-MAIL: <u>same</u>				
<b>UI Benefit Contact</b>  Person/Service that completes separations/wage requests E-MAIL: <u>same</u>		* REQUIRED				
16. SIGNATURE OF OWNER, PARTNER, OFFICER OF CORP., OR HEAD OF HOUSEHOLD <div style="font-size: 1.2em; font-family: cursive;">Rebecca Donaldson /member</div>		TITLE <div style="font-size: 1.2em; font-family: cursive;">member</div>	DATE <div style="font-size: 1.2em; font-family: cursive;">12/30/22.</div>			