

**REPORT TO DETERMINE LIABILITY FOR UNEMPLOYMENT TAX**  
**MINNESOTA DEPARTMENT OF EMPLOYMENT & ECONOMIC DEVELOPMENT**  
**UI EMPLOYER ACCOUNTS OFFICE - 390 ROBERT ST N - SAINT PAUL MN 55101-1812**  
 TELEPHONE (651) 296-6141 Fax (651) 297-5283 TDD/TTY (651) 634-5062  
 INTERNET: [www.uimn.org/tax](http://www.uimn.org/tax) - E-MAIL: [deed.tax.liability@state.mn.us](mailto:deed.tax.liability@state.mn.us)

1. Please enter your current business name and address here:	<p style="text-align: center;">This is your current Minnesota UI Employer Account Number</p>
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**IMPORTANT:**  
**PLEASE FILL OUT FORM COMPLETELY. INCOMPLETE INFORMATION CAUSES DELAYS IN PROCESSING.**

Completion of this form is required of all businesses operating in Minnesota. Additional information is available in the Minnesota Employer's Unemployment Handbook (DEED-130) or on our Website: [www.uimn.org/tax](http://www.uimn.org/tax)

2. Previous Minnesota UI Employer Account Number, if assigned _____	
3. Federal Employer Identification Number (FEIN) _____	
4. Business Phone Number (_____) _____ E-mail Address _____	
5. Type of ownership (check one) <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Non-Profit	
<input type="checkbox"/> Other, explain _____	
6. Have you received a 501(c)(3) tax exemption letter from the Federal government? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, attach a photocopy of your federal tax exemption letter.</b>	
7. State of incorporation (if applicable) _____ Date of incorporation _____	
<b>NOTE: CORPORATE OFFICERS WHO PERFORM SERVICES IN MINNESOTA ARE EMPLOYEES BY STATUTE</b>	
8. Date employee(s) first performed services in <b>Minnesota</b> , including corporate officers or shareholders. If none, enter "none".	Date of first services in <b>Minnesota</b>
9. Date first wages were paid for services performed in <b>Minnesota</b> . Include payments to officers or shareholders who perform services. If none, enter "none".	Date wages were first paid in <b>Minnesota</b>
10. Physical location(s) of business in Minnesota. Do not use a post office box. Attach extra sheet for additional locations.	
Street Address	City or Township
State	Zip Code
County	# of Workers
11. Identify the industry and specific product or service which represents the greatest portion of your sales receipts or revenue for each physical location in Minnesota.	
Industry	Specific product or service

**REPORT TO DETERMINE LIABILITY FOR UNEMPLOYMENT TAX (continued)**

Write in your Minnesota UI Employer Account Number:         -

<b>12. INDEPENDENT CONTRACTOR OR EMPLOYEE?</b> This department renders opinions and issues formal determinations regarding classification of workers. If you have or contemplate hiring independent contractors check the box to receive information on the factors considered in making these determinations. <span style="float: right;"><input type="checkbox"/> SEND INFORMATION</span>			
<b>13. OWNERSHIP INFORMATION:</b> Please <u>print or type</u> . This report must be signed by authorized officers. Attach additional sheet if needed.  <p align="center"><b>I certify that information on this form is true to the best of my knowledge.</b></p>			
Full Legal Name	Title	SSN	% of Ownership
Home Address	City	State	Zip Code
Signature		Phone #	Date
Full Legal Name	Title	SSN	% of Ownership
Home Address	City	State	Zip Code
Signature		Phone #	Date
Full Legal Name	Title	SSN	% of Ownership
Home Address	City	State	Zip Code
Signature		Phone #	Date
14. Form prepared by:		Phone #	Date

**The Purpose of the DEED-13**

Information you provide on this form will be used for the purpose of determining your liability to pay into the unemployment fund under the Minnesota Unemployment Insurance Law and other purposes authorized by law. This information is required under Minnesota Statutes 268.043 and 268.186. Information you supply may make you liable for (1) a tax on your payroll if you are a private employer; or (2) the reimbursement of unemployment benefits paid to your ex-employees if you are a public or non-profit employer. Your not supplying this information could result in the assessment of taxes, interest and penalties as set forth under Minnesota Statute 268.057. Information you furnish will be released to the Internal Revenue Service to certify the amount of employment taxes you paid this State for which you are requesting a credit against the tax imposed by Section 3301 of the Federal Unemployment Tax Act and for such purpose and to such entities as set forth in Minnesota Statute 268.19.

**DEED-13 NON-PROFIT** (rev. 09-2003)