| DOMESTIC | EMPLOYER'S REPORT FO | OR 2023 | Con | nplete #1-#16: | | | |
|--|--|----------------|---|---|--------------|---------|------------------|
| | | | 1. Legal Name | | | | |
| Required to determine your employer status under the Wisconsin Unemployment Insurance Act, (CHAPTER 108, | | | 2. Mailing Address c/o (if required for correct delivery) | | | | |
| WIS. STATS.) COMPLETE AND RETURN THIS REPORT WITHIN 10 DAYS UNLESS INSTRUCTED OTHERWISE. | | | 3. Street or P.O. Box | | | | |
| | UI Account Number | | 4. (| City | State | Z | ip Code |
| | | | 5. F | ederal Identification Nur | nber | | |
| | | _ | 6. 8 | Social Security Number (| 9 digits) | | |
| | | | 7. F | Person To Contact For A | dditional Ir | format | ion: |
| Send to: Department | t of Workforce Development | | | Name | | | |
| - | nent Insurance Division | - | - | | | | |
| P.O. Box 79 | | | Е | Email Address | | | |
| Madison, W | | | | | | | |
| | | | ٦ | Telephone Number | | | |
| Telephone: | (608) 261-6700 | | | | | | |
| Fax: (608) 3 | | | | Do you currently have an | | | • |
| ` , | wisconsin.gov/uitax | | | inder the Wisconsin UI L | aw? \ | 'es | No |
| | et@dwd.wisconsin.gov | | | If so, provide the: | | | |
| 9. Check Type of Employe | | | Е | Business Name | | | |
| Individual College Club Fraternity Sorority | | | | | | | |
| Other-Identify: | | | ι | JI Account Number | | | |
| | | | | | | | |
| 10. Section 108.02(13)(d), | Wisconsin Statutes states: | | I | Do you have a iability in another state | 2021 | Yes | No |
| | an individual or individuals in dom n "employer" as of the beginning | | (| under the Federal Jnemployment Tax on | 2022 | Yes | No |
| wages of \$1,000 or mor | mployer paid or incurred liability to re during any quarter in either tha | | (| domestic payroll for: | 2023 | Yes | No |
| the preceding calendar | year for such domestic service." | | 14. | Check if any of the follow | ing family | memb | ers are paid for |
| Are you an employer of | domestic service employment: | | ı | providing domestic servicemployment is excluded | es for indi | viduals | . This |
| In Wisconsin? Yes No | | | Spouse Parent Other- identify: | Child und | | | |
| In any other state? | Yes No | | | | | | |
| Date your first domestic service employee began working for you in Wisconsin (mm/dd/yyyy) | | g for you | 15. Please provide the actual location in Wisconsin where domestic service is performed for you: | | | | |
| 12. Have you ceased employing domestic help in Wisconsin? Yes No | | | Street address | Í | | | |
| If yes, on what day (mm | n/dd/yyyy) | | | City | State | Zij | p code |
| | | | | | | | |
| 16. Please provide the f | ollowing quarterly payroll totals re | eflecting only | cash | wages paid for domestic | employm | ent in | |

| 16. Please provide the following quarterly payroll totals reflecting only cash wages paid for domestic employment in | | | | | | | |
|--|-------------------------|-------------------------|-------------------------|-------------------------|--|--|--|
| Wisconsin through the current date. Do not include wages paid for excluded employment. | | | | | | | |
| Year | 1 st Quarter | 2 nd Quarter | 3 rd Quarter | 4 th Quarter | | | |
| | JanMarch | April-June | July-Sept. | OctDec. | | | |
| 2021 | | | | | | | |
| 2022 | | | | | | | |
| 2023 | | | | | | | |

Section 108.24(2) provides for fines and/or imprisonment for making known false statements on this report or for refusing to submit the completed report to this office. Your signature below indicates the report is true and complete to the best of your knowledge and belief.

| Signature | Please print name | Date Signed (mm/dd/yyyy) |
|-----------|-------------------|--------------------------|
| | | |

Domestic Service Employment Memorandum under the Wisconsin Unemployment Insurance Act

The Wisconsin Unemployment Insurance Law (Chapter 108, Wisconsin Statutes) requires the coverage of certain employers of domestic service employees.

Section 108.02(13)(d), Wisconsin Stats. reads:

"Any employing unit of an individual or individuals in domestic service shall become an employer as of the beginning of any calendar year if the employer paid or incurred liability to pay cash wages of \$1,000 or more during any quarter in either that year or the preceding year for such domestic service."

Domestic service includes all service for a person in the operation and maintenance of a private household, local college club or local chapter of a college fraternity or sorority as distinguished from service as an employee in the pursuit of an employer's trade, occupation, profession, enterprise or vocation.

Services considered domestic include services performed by cooks, waiters, butlers, housekeepers, governesses, maids, valets, babysitters, janitors, laundresses, caretakers, handymen, gardeners, footmen, grooms, chauffeurs of automobiles for family use, and companions and/or providers of personal care.

If you are subject to the Wisconsin UI law solely on domestic service employment, your tax liability will be computed on the first \$14,000 paid to any individual employee in the calendar year. Although your coverage liability under the statute is determined on cash wages, if liable, your contribution or tax liability is paid on all "wages." The new employer tax rate for 2023 is 3.05%.

"Wages" means every form of remuneration payable for a given period to an individual for personal services including salaries, commissions, vacation pay, dismissal wages, bonuses, and the reasonable (actual or estimated average) value of board, rent, housing, lodging, payments in kind, and other similar advantage received from the individual's employing unit or directly with respect to work for it.

Domestic service employment insufficient to require compliance under section 108.02(13)(d), above, is excluded under section 108.02(15)(k) which reads in part...

"'Employment' as applied to work for a given employer...does not include service...

As a domestic in the employ of an individual in such individual's private home, or as a domestic in the employ of a local college club or a local chapter of a college fraternity or sorority, unless performed for an individual, club or chapter which is an employer subject to this chapter under section 108.02(13)(d) or (i)...."

108.02(15)(km) excludes services provided by an individual to an ill or disabled family member if the service is personal care or companionship. For purposes of this subsection, family member means spouse, parent, child, grandparent or grandchild, by blood or adoption, or a step parent, step child or domestic partner. In this subdivision, "domestic partner" has the meaning given in s. 770.01(1).