

# NONPROFIT ORGANIZATION

## EMPLOYER'S REPORT FOR 2024

Required to determine your employer status under the Wisconsin Unemployment Insurance Act, (CHAPTER 108, WIS. STATS.) COMPLETE AND RETURN THIS REPORT WITHIN 10 DAYS, UNLESS INSTRUCTED OTHERWISE, EVEN IF THERE ARE NO EMPLOYEES.

UI ACCOUNT NUMBER

Complete 1-14.

1. Legal Name

2. Trade Name (DBA)

3. Mailing Address *c/o* (if required for correct delivery)

4. Street or P.O. Box

5. City

State

Zip Code

6. Federal Identification Number

7. Person To Contact For Additional Information:  
Name

Email Address

Telephone Number

8. **Wisconsin Employment Dates** (mm/dd/yyyy)

First date of WI employment:

First date of WI payroll:

Number of employees on WI payroll:

**Send to:** Department of Workforce Development  
Unemployment Insurance Division  
P.O. Box 7942  
Madison, WI 53707

Telephone (608) 261-6700

Fax: (608) 327-6158

<https://dwd.wisconsin.gov/uitax>

email: [taxnet@dwd.wisconsin.gov](mailto:taxnet@dwd.wisconsin.gov)

9. State of Registration:

10. Nonprofit organizations are required to comply with the Wisconsin Unemployment Insurance Law as of the beginning of any calendar year if they employed at least 4 individuals on at least one day in 20 different calendar weeks in either the current or preceding calendar year. Section 108.02(19) defines a "nonprofit organization" as an organization described in s. 501(c)(3) of the Internal Revenue Code.

Is your organization a nonprofit organization?      Yes      No

**If "yes", you must submit a copy of your determination letter from the Internal Revenue Service**, establishing your nonprofit status, if you have not already done so. If you have not received your 501(c)(3) ruling, submit a copy of your application for 501(c)(3) status and a copy of your articles of incorporation. (Failure to submit a copy will mean your organization cannot be treated as a nonprofit organization for purposes of Wisconsin UI law.)

11. Did you have 4 or more employees working for you in WI on the same day in 20 different weeks in a calendar year?  
Yes      No (Do not include employees working in excluded employment listed on page 2.)

If yes, what was the date the 20<sup>th</sup> week ended (mm/dd/yyyy)?

12. List the Board of Directors for your organization:

13. Briefly describe the services provided by your organization:

14. Location where the organization conducts business if different from mailing address:

Continue



15. Check the weeks when four or more workers were employed on one day in the table below through the most recent week of 2024. Do not include workers in the excluded employment list on the right.

Wk #	2024 Week Ending	Four or More Workers Employed in a Day
1	Jan 6	
2	13	
3	20	
4	27	
5	Feb 3	
6	10	
7	17	
8	24	
9	Mar 2	
10	9	
11	16	
12	23	
13	30	
14	Apr 6	
15	13	
16	20	
17	27	
18	May 4	
19	11	
20	18	
21	25	
22	Jun 1	
23	8	
24	15	
25	22	
26	29	
27	Jul 6	
28	13	
29	20	
30	27	
31	Aug 3	
32	10	
33	17	
34	24	
35	31	
36	Sep 7	
37	14	
38	21	
39	28	
40	Oct 5	
41	12	
42	19	
43	26	
44	Nov 2	
45	9	
46	16	
47	23	
48	30	
49	Dec 7	
50	14	
51	21	
52	28	

**Excluded Employment for NonProfit Organizations**

(check all that apply)

Employee of a church or convention or association of churches.

Employee of an organization operated primarily for religious purposes and operated, supervised, controlled, or principally supported by a church.

Minister or member of a religious order exercising required religious duties.

Impaired individual receiving rehabilitation or remunerative work in a facility conducted for that purpose.

Individual receiving government financed work relief or work training.

Patient employed by a hospital.

Student nurse or intern employed by a hospital or nurses' training school.

Student or student's spouse employed by the school, college or university.

Student performing services as a formal and accredited part of a work-study program certified to the employer by the school.

Inmate employed by a penal institution.

**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 reports 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 of above signature
Position
Date Signed (mm/dd/yyyy)