MEMORANDUM

TO: Pastors, Principals, Administrators, Administrative Staff

FROM: Jerome D. Jussaume, Manager of Finance

SUBJECT: Massachusetts QUEST System – Second Edition

DATE: December 19, 2009

As the old saying goes, "There's good news and bad news."

First, the good news is that those that have been unsuccessful in negotiating the on-line registration process can follow the step-by-step completed forms on the next 30-odd pages. You should be successful with the registration by using the answers provided on the forms. For legal name always use the name as it currently appears on the WR-1 reports, eg. St. Methodius Church. For dates of incorporation use the date, 03/13/1950, of incorporation of the diocese, unless your entity was formed after that date. Then, use the date of formation. (You can estimate that date if you do not have the exact information.)

Next, the bad news is that those of us (including me) that successfully “tricked” the system were registered into an incorrect category. We cannot change that. We will be receiving an Employer Account Number. (I registered last Friday and received the EAN in this morning's mail. I would allow a week for delivery.) When those of you who registered incorrectly receive the Employer Account Number, please fax or email it to me not later than December 30. I will transmit them in one group to the state, where a state representative will take the necessary corrective action. We may need to re-register. That is unknown at this time. Please save the completed sample forms in the event that re-registration is required.

Lastly, if you still have problems with registration, please send me your problem by email or fax.

jussaume@worcesterdiocese.org

fax 508-929-4380
REGISTRATION FOR RELIGIOUS EMPLOYERS

Welcome to UI Employer Registration
Employers who pay wages within Massachusetts are required to register with and report quarterly wage data to this agency. This registration process will determine if you are subject to Unemployment Insurance (UI) Contributions and after successful registration it will provide access to the system through which Quarterly Wage records are reported.

Necessary Registration Information
To successfully complete registration, you will need the following pieces of information:
- Type of legal entity (sole proprietor, partnership, LLC, etc.)
- Doing business as name (DBA)
- Federal Employer Identification Number (FEIN)
- State and date of formation or incorporation
- Date that employees first performed services in Massachusetts
- Owner/Officer information: SSN, FEIN, percent of ownership
- Third party Administrator (TPA) code (if TPA is performing employer registration)
- Principle Business Activity performed in Massachusetts
- Quarterly Gross Summary of wages paid to date
- Number of employees currently on the payroll

Notification
You will be asked to certify that all of the information provided in this filing is complete, true and accurate. Massachusetts law provides for civil fines and criminal penalties for misrepresentation, evasion, willful nondisclosure, and failure or refusal to furnish reports or requested information to this Agency.

I certify, under pains and penalties of perjury, that all information provided in this filing will be complete and true to the best of my knowledge and belief.

Beginning a New UI Registration
To begin registration, provide the necessary information:
Enter the date you first paid wages to employees working in Massachusetts:

- Have you previously registered with this Agency?:
  ○ Yes ☐ No*

Please enter your Federal Employer Identification Number (FEIN):

Do you use a common paymaster?:
  ○ Yes ☐ No*

If yes, enter the FEIN for your common paymaster:
Logon
Employer Registration
Returning Employer
Account Activation

Select User Role
To begin a new registration, designate the user role below and click on 'Next' to begin.
☐ I am the owner, officer, or authorized employee of the employer being registered
☐ I am a Third Party Administrator® (TPA) with power of attorney registering on the employer's behalf. Only select "I am a TPA" if you have already registered as a TPA in the system.
Enter Administrator Information

To enter information for this employer you must be an authorized administrator® of this account.

- First Name: John
- Last Name: Doe
- Business Phone: 617-626-6000
- Secondary Phone: 
- Business Title: Treasurer
- Email: 

*By checking this box, I certify that I am authorized by the owner/officer of this organization to enter employer information. I also certify that I am authorized to function as an Administrator on this account.
Enter Contact Information

In order to proceed with employer registration, please let us know who we should contact regarding the information provided during this registration. If you select 'Same as Administrator Information' you are not required to enter any field data.

Same as Administrator: Yes

Information:
First Name:
Last Name:
Business Phone: ext:
Secondary Phone: ext:
Business Title:
Email:

[Previous] [Next]
Enter FUTA Liability

Did this employer have FUTA liability in another state prior to having employees in Massachusetts?:

[Circle Yes or No]
Employer Identification Information

Please provide the legal address and other following information about the employer being registered:

Legal Entity Type: Corporation
Legal Name: XYZ Church
Doing Business As (DBA): Name:
Address Line 1: 300 Main St
Address Line 2: 
City: Medford
State: MA - Massachusetts
Zip Code: 02155
Country: US - United States Of America
Business Phone Number: 781-392-6000
Business Fax Number: 
Business Email Address: 
Re-enter Business Email Address: 
Communication Method: US Mail

* Indicates Required Field

* Name as IT Appears on Current WR-1
* Your Address (do not enter PO Box)
* Your City
* Your Zip Code
* Your Phone Number ext:

Previous Next

Accessibility Privacy Statement Viewing Tips
Address Validation
One or more potential addresses are provided below to comply with U.S. Post Office standards. Please indicate your choice and click "Next" to proceed, or click "Previous" to change the address you provided.

Possible Matches
☐ 300 Main St
   Medford, MA 02155-6180

Provided Address
☒ 300 Main St
   Medford, MA 02155
Logon

Employer Registration

Returning Employer

Account Activation

Temporary User ID and Password

The partial registration has been saved and your account has been assigned a temporary User ID and password. This ID and password will allow you to exit at any point in the registration process and return later to complete the process. Please print this page for your records.

The temporary user ID and password will expire 30 days after date of issue.

Temporary User ID: [redacted]

Temporary User Password: [redacted]

A permanent ID and password will be forwarded once registration is complete.
Enter Employer Business Information

The following questions are used to determine whether or not an employer is subject to UI law. Additional follow-up questions may follow.

Legal entity type: Corporation
Business type: Other

Federal Employer Identification Number (FEIN): [Redacted]

How many employees are being paid wages?: 15

Have services been performed for this company in MA?: Yes

If yes, what date were services first performed in MA?: 01/01/1960

Will this employer act as a Leasing Company?: Yes

Is this employer the client of a Leasing Company?: Yes

Does this employer have workers that are exempt under Section 6 of MGL 151A?: Yes

Does this employer have workers considered to be independent contractors?: Yes
Enter Employer Business Information (cont.)

The following questions are used to determine whether or not an employer is subject to UI law. Additional follow-up questions may follow.

Do you hold an exemption from federal income taxes as a non-profit organization described under section 501(c)(3) of the internal Revenue Code?:

- Yes
- No

Did you acquire any part of an existing Massachusetts business?:

- Yes
- No

Did you change your legal entity type? (Examples include - but are not limited to - changes from a sole proprietorship to corporation, LLC to a partnership):

- Yes
- No

Did your FEIN change?:

- Yes
- No

Did you acquire any assets/inventory of an already existing business operating in Massachusetts?:

- Yes
- No

Was there a purchase & sale agreement with another entity or entities operating in Massachusetts?:

- Yes
- No

Was there an acquisition, merger or consolidation with another entity or entities operating in Massachusetts?:

- Yes
- No

Was there a transfer of employees or spin-off from another entity or entities operating in Massachusetts?:

- Yes
- No

Are you part of a franchise?:

- Yes
- No

Do you have more than one business location in Massachusetts?:

- Yes
- No

If yes, how many?:

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* Indicates Required Field
Enter Form / Incorporation Information

- Legal Name: XYZ Church
- Business formation/incorporation date: 01/01/1980
- Business formation/incorporation state: MA - Massachusetts
- First date of employment in Massachusetts: 01/01/1980
- First date of employment in Massachusetts: 03/13/1950
Employer Information - Wages

Legal Name: XYZ Church

During the current calendar year or the preceding four calendar years, was there any calendar quarter in which you paid wages of at least $1,500 for services in employment?

- Yes  [ ]
- No  [X]

If yes, please select the quarter and year during which you first exceed this amount:

Year [ ]
Enter Quarter [ ]

If yes, provide the total gross wages (paid to date) within the selected quarter year:
Employer Information - Other

Legal Name: XYZ Church

During the current calendar year or the preceding four calendar years, was there any year in which you employed 1 or more individuals to perform services in employment for at least 13 weeks (whether or not consecutive):

Yes ☐ No ☐

If yes, please select the quarter and year during which you first reached the 13th week of employment:

Year:

Enter Quarter:

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Accessibility | Privacy Statement | Viewing Tips
Enter Address - Physical Location

Please enter the Massachusetts physical location of this business. This address cannot be a Post Office box. Do not enter a client site, other temporary job site, or employee home address.

Same as: Legal

Address Line 1:
Address Line 2:
City: 
State: Massachusetts
Zip Code: 
Country: United States Of America
Phone: ext:
Fax:
EMail:

Previous  Next
Enter Address - Additional
You have the option of specifying additional addresses where certain types of correspondence will be sent. The additional address types follow:

- Mailing
- Wage & Separation
- Benefit Charge
- Business Records Location

If any of the non-required address types do not have an entered address that address will default to the Legal Address.

Would you like to enter any of the listed address types?:

☐ Yes ☐ No*

* Indicates Required Field
Enter Business Description

Describe the principal business activity at this location:

Name your principal product or service at this location:

Religious Services (Just provide a sentence or two about principal activity)

(Provide a sentence or two here as well)
Select NAICS Classification

Each employer is assigned a North American Industry Classification System (NAICS) code that is based on the classification categories below. Choose the category that represents the principal business activity of the unit location and select "Next" to move to the next question.

1st Classification: 81 - Repair/Maint., Domestic or Personal Care
2nd Classification: TBD
3rd Classification: TBD
4th Classification: TBD
5th Classification: TBD

* Indicates Required Field
Select NAICS Classification

Each employer is assigned a North American Industry Classification System (NAICS) code that is based on the classification categories below. Choose the category that represents the principal business activity of the unit location and select "Next" to move to the next question.

1st Classification: 81 - Repair/Maint., Domestic or Personal Care
2nd Classification: 813 - Membership Organizations & Associations
3rd Classification: TBD
4th Classification: TBD
5th Classification: TBD

* Indicates Required Field
Select NAICS Classification

Each employer is assigned a North American Industry Classification System (NAICS) code that is based on the classification categories below. Choose the category that represents the principal business activity of the unit location and select "Next" to move to the next question.

1st Classification: 81 - Repair/Maint., Domestic or Personal Care
2nd Classification: 813 - Membership Organizations & Associations
3rd Classification: 8131 Religious Organizations
4th Classification: TBD
5th Classification: TBD

* Indicates Required Field
Select NAICS Classification

Each employer is assigned a North American Industry Classification System (NAICS) code that is based on the classification categories below. Choose the category that represents the principal business activity of the unit location and select "Next" to move to the next question.

1st Classification: 81 - Repair/Maint., Domestic or Personal Care
2nd Classification: 813 - Membership Organizations & Associations
3rd Classification: 8131 - Religious Organizations
4th Classification: 81311 - Religious Organizations
5th Classification: TBD
Select NAICS Classification

Each employer is assigned a North American Industry Classification System (NAICS) code that is based on the classification categories below. Choose the category that represents the principal business activity of the unit location and select "Next" to move to the next question.

1st Classification: 81 - Repair/Maint., Domestic or Personal Care
2nd Classification: 813 - Membership Organizations & Associations
3rd Classification: 8131 - Religious Organizations
4th Classification: 81311 - Religious Organizations
5th Classification: 813110 - Religious Organizations

* Indicates Required Field

Previous  Next
Confirm NAICS Classification

Please double check to be sure that this is an accurate description of your business. If it appears to be, then click on "Submit" to move to the next screen. If not, click "Previous".

1st Classification: 81 - Repair/Maint., Domestic or Personal Care
2nd Classification: 813 - Membership Organizations & Associations
3rd Classification: 8131 - Religious Organizations
4th Classification: 81311 - Religious Organizations
5th Classification: 813110 - Religious Organizations
Add/Modify Owner/Officer Information

Complete the following section.

First Name: 
Middle Initial: 
Last Name: 
SSN: 
Legal Entity Name: XYZ Church 
FEIN: 

Is the owner/officer compensated for their services?  
	☐ Yes ☐ No*

Additional Information

For Address fields, enter home address information.

Address Line 1: 300 Main St
Address Line 2: 
City: Medford
State: MA - Massachusetts
Zip Code: 02155
Country: US - United States Of America
EMail: 
Business Title: Other
Percent of Ownership: 100
First Date of Ownership: 01/01/1960

If you need to add more owners/officers for this employer, enter the necessary information in the table above and click on "Add" to save it to the list in the bottom section of the page. Click "Next" when ownership information is complete. You may not enter more than 5 owner/officers.

Review/Select Owner/Officer Information

Provide the necessary ownership information. As a corporation, you are required to provide 3 owners or enough owners to provide 100% of the existing ownership.

No records found...
Address Validation

One or more potential addresses are provided below to comply with U.S. Post Office standards. Please indicate your choice and click "Next" to proceed, or click "Previous" to change the address you provided.

Possible Matches
- 300 Main St
  Medford, MA 02155-6160

Provided Address
- 300 Main St
  Medford, MA 02155
Add/Modify Owner/Officer Information

Complete the following section.

First Name: ____________________________
Middle Initial: ________________________
Last Name: ____________________________
SSN: ________________________________
Legal Entity Name: ____________________
FEIN: ________________________________

Is the owner/officer compensated for their services?  ○ Yes  ○ No*

Additional Information

For Address fields, enter home address information.

Address Line 1: ____________________________ *
Address Line 2: ____________________________
City: ____________________________ *
State: MA - Massachusetts *
Zip Code: ____________________________ *
Country: US - United States Of America *
EMail: ____________________________
Business Title: [Select One] *
Percent of Ownership: ____________________________ *
First Date of Ownership: ____________________________ *

If you need to add more owners/officers for this employer, enter the necessary information in the table above and click on "Add" to save it to the list in the bottom section of the page. Click "Next" when ownership information is complete. You may not enter more than 5 owner/officers.

Review/Select Owner/Officer Information

Provide the necessary ownership information. As a corporation, you are required to provide 3 owners or enough owners to provide 100% of the existing ownership
<table>
<thead>
<tr>
<th>Name</th>
<th>SSN/FEIN</th>
<th>Contact Information</th>
<th>Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>XYZ Church</td>
<td></td>
<td>300 Main St, Medford, MA 02155</td>
<td>100%</td>
</tr>
</tbody>
</table>

Total Owners: 1  Total Percentage: 100%

If you would like to modify one of the owner/officers for this employer, select it by clicking on the radio button on the left of the column and click "Modify". Clicking on "Modify" will move the selected owner/officer to the table above where the record can be edited. Clicking on "Delete" will inactive the owner/officer and remove the record from the table above.
Registration Summary/Edit

Your registration is almost complete!
Please scroll down to review and 'Submit' the following information. To correct information in sections 3 and 4 click the corresponding header link.

1) Confirm Users Information

Administrator

First Name: John
Last Name: Doe
Phone: 617-626-6000 ext.
Secondary Phone:
Business Title: Treasurer
E-mail:

Contact

First Name: John
Last Name: Doe
Phone: 617-626-5000 ext.
Secondary Phone:
Business Title: Treasurer
E-mail:

2) Confirm Employer Information

Legal Entity Type: Corporation
Entity Name: XYZ Church
DBA Name:
Address Line 1: 300 Main St
Address Line 2:
City: Medford
State: Massachusetts
Zip: 02155
Country: United States Of America
Business Phone Number: 781-392-6000
Business Fax Number:
Business E-mail:
Communication Method: US Mail

3) Confirm Business Information