

### REGISTRATION OF GOVERNMENTAL ORGANIZATIONS

**IMPORTANT - THIS REPORT MUST BE FILED!** The law provides that all employing units shall file a report of its employment during a calendar year. For the purpose of aiding you in complying with OCGA Section 34-8-121 of the Employment Security Law, this form has been prepared to assist you in furnishing the required information. Answer all questions fully and if additional space is necessary under any item, attach signed and dated sheets which bear the words "Supplement to Form DOL-1G."

Each false statement or willful failure to furnish this report is punishable as a misdemeanor. Each day of such failure or refusal constitutes a separate offense.

**TYPE OR PRINT IN INK**

1. Governmental Organization Name \_\_\_\_\_ Ga. DOL Account No. (If already assigned) \_\_\_\_\_

Address (Do not use a P.O. Box No.) \_\_\_\_\_

Number & Street or Route Number \_\_\_\_\_ Area Code \_\_\_\_\_ Telephone No. \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ GA \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (If different) \_\_\_\_\_

Number & Street or Route Number \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ GA \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Federal Employer Identification No. (FEIN - 9 Digits) \_\_\_\_\_ - \_\_\_\_\_

3. If created by statutes after December 31, 1977, what date did you begin employing workers? \_\_\_\_\_

4. Type of Governmental Organization (check appropriate block)

A. <input type="checkbox"/> State	E. <input type="checkbox"/> County School System
B. <input type="checkbox"/> Instrumentality of State	F. <input type="checkbox"/> City (Independent) School System
C. <input type="checkbox"/> County	G. <input type="checkbox"/> Instrumentality of County
D. <input type="checkbox"/> City	H. <input type="checkbox"/> Instrumentality of City
I. <input type="checkbox"/> Other or any combination of above.	

Explain: \_\_\_\_\_  
(If additional space needed, attach sheets.)

5. As a governmental organization you have the option to elect to pay unemployment contributions under the regular contributory method of payment or to make payments in lieu of contributions (reimbursable method). Make your election by checking appropriate block below.

Contributory method of payment       Payments in lieu of contribution (reimbursable)

6. Since December 31, 1977, did you acquire any other organization, or any portion thereof, or merge with another organization?  
Yes  No  If yes, complete Item 9 on reverse side.

7. Average number of employees in your governmental organization last month. \_\_\_\_\_

8. Title, address and phone number of person or office which maintains the financial records of the governmental organization.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CERTIFICATION: I hereby certify, under penalties or perjury, that the foregoing statements and those contained in any attached sheets signed by me are true and correct, and that I am authorized to execute this report on behalf of the governmental organization named.

\_\_\_\_\_  
Signature and Title of Authorized Official      Date

DOL-1G (R-10/03)

9. Date Acquired \_\_\_\_\_ DOL Account No. \_\_\_\_\_  
 From Whom? (Organization Name) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Trade Name of above, if any, \_\_\_\_\_

All of Georgia Operations
  Part of Georgia Operations (less than 90%)  
 Substantially all of Georgia Operations (90% or more)

Did you acquire goods, wares, merchandise, equipment, etc. Yes  No

To your knowledge does the former organization continue to have employees? Yes  No

**INSTRUCTIONS FOR THE COMPLETION OF REGISTRATION OF GOVERNMENTAL ORGANIZATION, DOL-1G**  
 (Numbers Correspond to Items on Form)

1. Enter the official name of your governmental organization. (State Dept., Commission, Board, Authority, County, City, School System, etc.)  
 If you have already been assigned a Georgia Department of Labor Account No. (Ga. DOL Account No.) by this Department, please insert the number.  
 Address - Physical location of organization's main office.  
 Mailing Address to which you authorize us to mail all reports, correspondence, etc.
2. Enter your Federal Employer Identification Number.
3. If governmental organization was created after December 31, 1977, enter the date you first began employing workers.
4. Indicate by check mark, type of organization.
5. The Employment Security Law provides governmental organizations an option to elect to pay unemployment contributions under the regular contributory method of payment or to make payments in lieu of contributions (reimbursable method). Indicate which option you have elected by checking appropriate block. If you are unable to make your election as to method of payment at this time, you will have a 30-day period immediately following the date of the official notice of liability in which to file a written notice of your election.
6. Self-explanatory.
7. Please include in your count employees at all locations.
8. Person or office so identified should have access to all financial records and authority to furnish required information to this Department as may be needed.
9. Complete this item if since December 31, 1977, you have acquired another organization (governmental or private) or any portion thereof, or merged with another organization (governmental or private). Indicate the date of acquisition or merger and provide all information concerning the previous organization's name, address and DOL Account Number.