



Free Unemployment Cost Analysis

1 Your organization must be a **501c3** with **10+ employees (FTEs)**

2 Fill out the form below or submit online at www.ChooseUST.org/Eval

3 Email info@ChooseUST.org
FAX 1-805-566-4921
Mail PO Box 22657, Santa Barbara, CA 93121

1. Contact Information

Organization: _____

Full Address: _____

Contact Name: _____ Title: _____

Contact Phone: _____ Email: _____

2. Employee Information

Approximate # of Full-Time Employees: _____ # Part-Time: _____ Gross Wages (Last 4 Quarters): \$ _____

3. Unemployment Payment Method

Currently Paying State UI Tax Rate Of: _____ % **OR** Reimbursing for unemployment claims

UI Taxable Wages (Last 4 Quarters): \$ _____

4. Unemployment Claims History Most states offer online access to your unemployment claims history or can readily provide it if requested. Claims activity is also usually included with your UI tax rate notice. **This information is required to complete your assessment.**

Total Unemployment Claims Paid: \$ _____ 2015 \$ _____ 2016 \$ _____ 2017

Need Help?

Talk to one of our friendly Nonprofit Unemployment Cost Advisors at 1-888-249-4788

www.ChooseUST.org

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