

Idaho Business Registration Form

Register online at: business.idaho.gov

Fax to: (208) 334-5364

Revised
2014

Return to:
IDAHO BUSINESS REGISTRATION
PO BOX 36
BOISE, IDAHO 83722-0410

SHADED AREAS FOR STATE USE ONLY

Account Number

Confirmation No.

1. Type of business ☐ Corporation ☐ Partnership ☐ S Corporation ☐ Sole Proprietorship
(see instructions) ☐ Nonprofit ☐ Government ☐ Fiduciary/Trust ☒ Limited Liability Company

1a. If LLC, how have you chosen to be taxed for income tax purposes?
☐ Single Member ☐ Corporation
☐ Partnership ☐ S Corporation

2. Purpose of registration ☒ New applicant ☐ Change legal name ☐ Change assumed business name (DBA)
☐ Add new account type ☐ Add/change location ☐ Change in partners, shareholders or managing members ____ %

3. Apply for permits/accounts ☐ Boise Auditorium ☐ E911 Prepaid Wireless Fee ☐ Travel & Convention ☐ Sales ☐ Use
☒ Unemployment ☐ Withholding ☐ Withholding only, no employees working in Idaho

Request more information ☐ Amusement Device ☐ Beer/Wine ☐ Cigarette/Tobacco

4. Federal Employer Identification Number (EIN)
82-1880516

5. Social Security number (SSN)

6. Legal business name (see instructions)

GB Agency LLC

7. Assumed business name (DBA)

8. Date incorporated

6/13/2017

9. State incorporated in

NY

10. Month tax year ends

12

11. Date business began in Idaho

05/16/2019

12. Date sales or use

will begin in Idaho

month

year

13. Estimated monthly taxable sales

14. Physical location of business (no PO Box or mail drop addresses)

Street address

City

State

Zip Code

1 Grand Army Plaza, Unit 4F Brooklyn, NY 11238

15. Mailing address

Street address or PO Box

City

State

Zip Code

TriNet Group Inc, 9000 Town Center Pkwy Bradenton

FL

34202

16. Mailing address for report forms

Street address or PO Box

City

State

Zip Code

TriNet Group Inc, 9000 Town Center Pkwy Bradenton

FL

34202

17. Business telephone number

((646) 202-3122

18. Authorized contact person (name and title) See instructions for definition.

JAMES BREMNER

19. Telephone number & extension of contact person

((646) 202-3122

20. Email address of contact person

21. Fax number of contact person

22. Primary nature of business: (Specify the product manufactured and/or sold or the type of service performed.)

Marketing Consulting Service

23. Have you ever had a withholding, sales, use, workers' compensation or unemployment insurance number in Idaho? If yes, list all permit, account or policy numbers. (It is your responsibility to cancel any existing accounts you no longer need.)

24. List (a) owner and spouse of sole proprietorship, (b) all partners of partnership, (c) all corporate officers of corporation, (d) trustee or responsible party of fiduciary or trust, or (e) all members of limited liability companies. Social Security number required for every individual listed. (Use additional sheet if necessary.)

Name	Address of Residence	SSN/EIN and Phone Number	Corp Title	% Owned	Director? Yes/No	Compensated? Yes/No
James Bremner	1 Grand Army Plaza, Unit 4F Brooklyn, NY 11238	(646) 202-3122	CEO			
Terra Gledhill	1 Grand Army Plaza, Unit 4F Brooklyn, NY 11238	(646) 202-3122	VP			
	1 Grand Army Plaza, Unit 4F Brooklyn, NY 11238	(646) 202-3122				

CERTIFICATION: I certify that I am authorized as an owner, partner, corporate officer, member or representative to sign this document and that the statements made are correct and true to the best of my knowledge. (This form must also be signed by the spouse of a sole proprietor.)

Print name James Bremner

Signature

James Bremner

Date 7/23/19

Print name

Signature

Date

25. Date employees first hired to work in Idaho 05/16/2019		26. Date of employees' first paycheck in Idaho 06/07/2019		27. Expected number of Idaho employees 1	
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28. Enter the amount of wages you have paid or plan to pay in Idaho. If you haven't paid or don't plan to pay wages during one of the periods listed, enter "NONE."

	Jan. 1 to March 31	April 1 to June 30	July 1 to Sept. 30	Oct. 1 to Dec. 31
Current Year 2019		2708.33		
Preceding Year				

29. If you estimated wages in #28, enter the date you plan to begin paying wages. _____

30. Will corporate officers receive compensation, salary or distribution of profits? ___ Yes ☒ No

31. Were you subject to the Federal Unemployment Tax Act during the current or preceding year? ___ Yes ☒ No

32. Is this an organization exempt from income tax under Internal Revenue Service Code 501(c)(3)? ___ Yes ☒ No

33. Do you want more information about unemployment insurance for nonprofit corporations? (**see instructions**) ___ Yes ☒ No

34. Is workers' compensation insurance needed? (**see instructions**) ___ Yes ___ No, explain why:
CAUTION: This is **not** an application for workers' compensation insurance

35. Do you have a workers' compensation insurance policy? ___ Yes ___ No ___ In process		36. Have you notified your insurance company that you have or expect to have Idaho payroll? ___ Yes ___ No		37. Insurance agent's name and telephone number ()	
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38. Insurance company name	39. Policy number	40. Effective date	41. If applying for insurance with the Idaho State Insurance Fund, list application number:
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42. Do you plan to perform work in other states using your existing Idaho employees? ___ Yes ___ No If yes, which states? _____

WAGE THRESHOLDS LISTED BELOW DO NOT AFFECT AN EMPLOYER'S OBLIGATION TO CARRY WORKERS' COMPENSATION INSURANCE.

43. **For most employers:**

a) Have you had or will you have 1 or more workers (for any day or portion of a day) in 20 weeks or more in any calendar year? ___ Yes ___ No

b) Have you paid or will you pay \$1,500 or more in wages during any calendar quarter? ___ Yes ___ No

c) If yes, indicate the earliest quarter and calendar year. _____
quarter year

44. **For agricultural employers only:**

a) Have you had or will you have 10 or more workers (for any day or portion of a day) in 20 weeks or more in any calendar year? ___ Yes ___ No

b) Have you paid or will you pay \$20,000 or more in cash wages during any calendar quarter? ___ Yes ___ No

c) If yes, indicate the earliest quarter and calendar year. _____
quarter year

45. **For domestic help employers only:**

a) If you are an individual, local college club, or chapter of a college fraternity or sorority, have you paid or will you pay \$1,000 or more in cash wages in the state of Idaho during any calendar quarter? ___ Yes ___ No

b) If yes, indicate the earliest quarter and calendar year. _____
quarter year

ACQUIRING AN EXISTING BUSINESS OR CHANGING TYPE OF LEGAL BUSINESS ENTITY

If you buy an existing business, or change your business entity, Idaho law requires you to withhold enough of the purchase money to pay any sales tax and, in most cases, unemployment insurance due or unpaid by the previous owner/entity until the previous owner/entity produces a receipt from the Idaho Department of Labor and the Idaho State Tax Commission showing the taxes have been paid. If you fail to withhold the required purchase money and the taxes remain due and unpaid after the business is sold or converted to another entity type, you may be liable for the payment of the taxes collected or unpaid by the former owner/entity. When there is a change in the legal entity, you must notify your workers' compensation insurance company.

46. Did you acquire all or part of an existing business? ___ All ___ Part ___ None		47. Did you change your legal business entity? ___ Yes ___ No	
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48. Previous owner's name	49. Business name at time of purchase
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50. Date acquired/changed	51. Account/permit numbers of the business acquired/changed	52. Do you want to receive a form to apply for the unemployment insurance experience rating of your predecessor? ___ Yes ___ No
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PUBLICATION CONSENT

53. Yes, I agree to publish my business by category both in print and on the Internet in the Business Directory of Idaho at Imi.idaho.gov and any publication produced by the Idaho Department of Labor. This will increase visibility of my business to a larger pool of job applicants, will allow my business to be included when the Department of Labor responds to questions about the availability of products and services in the community, and expand the opportunity for additional sales. I acknowledge the Idaho Department of Labor's files will be accessed to obtain my company name, address, phone number, NAICS (industry) code and range of employment.

Signature

