

Employer Status Report

Record of Online Application
Generated on 09/19/2007

Please print this form for your records.

Please Read Instructions!

For future reference, you may write your confirmation number and your new North Carolina unemployment tax number (if one is assigned) in the space below:

1. Federal ID number: 13-3853957 2. N.C. Dept. of Revenue withholding ID number: _____
3. Any previously assigned North Carolina unemployment tax numbers: _____
4. Employer name: VRTX, INC.
Exact name of legal entity – for further details see instructions
5. Trade name: _____
6. Mailing address: 1204 SPRINGWOOD AVE GIBSONVILLE NC 27249
GIBSONVILLE NC 27249
City State Zip Code
- Is this an international address? ____ Yes ☒ No
7. Phone number: (336) 449-4321 8. FAX number: (335) 449-5549
9. Contact person: CLAUDE SIMON Title: PRESIDENT
Phone number: (912) 529-4800 E-mail address: CLAUDESIMON@PLANTTEL.NET
10. N.C. business location: 1204 SPRINGWOOD AVE
Street (Do not use a post office box)
GIBSONVILLE NC 27249 GUILFORD
City State Zip Code County
- Do you have more than one location in North Carolina? ____ Yes ☒ No
11. Type of ownership: CORPORATION
12. Principal activity or services performed in your North Carolina operation:
TEXTILE MANUFACTURING
13. If you are part of a larger organization and are primarily engaged in providing services to that organization, the type of support services provided:

14. The date you first employed one or more workers in North Carolina: 10/01/2007

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GENERAL EMPLOYERS:

15. a. Have you or will you have a quarterly payroll of \$1,500 or more? ☒ Yes ☐ No
If yes, the date this occurred or will occur: 01/01/2008
- b. Have you or will you employ at least 1 worker in 20 different calendar weeks during a calendar year? ☒ Yes ☐ No
If yes, the date this first occurred or will occur: 10/01/2007

16. Are you an EMPLOYEE LEASING company? ☐ Yes ☒ No

AGRICULTURAL EMPLOYERS:

17. a. Have you or will you have a quarterly payroll of \$20,000 or more? ☐ Yes ☐ No
If yes, the date this occurred or will occur: _____
- b. Have you or will you employ at least 10 workers in 20 different calendar weeks during a calendar year? ☐ Yes ☐ No
If yes, the date this first occurred or will occur: _____

DOMESTIC EMPLOYERS:

18. a. Have you or will you pay \$1,000 or more in a calendar quarter for domestic service in a private home, college club, fraternity or sorority? ☐ Yes ☐ No
If yes, the date this occurred or will occur: _____

NON-PROFIT ORGANIZATIONS OR INDIAN TRIBES:

19. a. Do you have a Federal Letter of Exemption under Section 501(c)(3) of the Internal Revenue Code? ☐ Yes ☐ No
- b. Have you or will you employ 4 or more workers in 20 different calendar weeks during a calendar year? ☐ Yes ☐ No
If yes, the date this first occurred or will occur: _____

GOVERNMENTAL ENTITIES:

20. Type of governmental entity: _____

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21. If you are not otherwise subject to the unemployment tax law under one of the preceding criteria (Items 15-20), do you wish to voluntarily cover your employees for unemployment insurance? ☐ Yes ☐ No
1. a. How long have you been operating in North Carolina? _____
b. What is your major source of funding? _____
2. Is your operation affected by any seasonal factors? ☐ Yes ☐ No
If yes, please explain: _____
3. a. Usual number of employees in a year: _____
b. Personnel losses in the last 12 months: _____
c. Personnel gains in the last 12 months: _____
4. Why do you wish to become a covered employer? _____
22. Have you ever paid Federal Unemployment Tax (FUTA)? ☒ Yes ☐ No
If yes, for what years? 2007 2006 2005 2004 2003
23. Have you have acquired or merged with another business, or made any other changes in the ownership of the business, including changes such as from a sole proprietorship to a corporation or partnership? ☒ Yes ☐ No
- a. Name of former owner: HORNWOOD, INC.
Full organization name including trade name
- b. Former owner's North Carolina unemployment insurance tax number: 22-04-009
- c. Former owner's address: 766 HALEY'S FERRY ROAD
LILESVILLE NC 28091
City State Zip Code
- d. On what date did you acquire or change the business? 10/01/2007
- e. Did you acquire all or a portion of the former owner's North Carolina business? PORTION
- f. Was the business in operation at the time you acquired it? ☒ Yes ☐ No
If no, date closed: _____
- g. Does the former owner continue to have employees? ☒ Yes ☐ No
24. Do you have workers who perform services for your business whom you consider to be self-employed or independent contractors? ☒ Yes ☐ No

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25. List owners, ALL general partners, principal corporate officers or members:

1)	Name: <u>CLAUDE SIMON</u>	Title: <u>PRESIDENT</u>
	Phone number: <u>(212) 683-9300</u>	SSN: <u>106-50-1158</u>
	Address: <u>160 MADISON AVE 7TH FLOOR</u>	
	<u>NEW YORK</u>	<u>NY</u> <u>10016</u>
	City	State Zip Code
2)	Name: <u>KURT ADAMS</u>	Title: <u>VICE PRESIDENT</u>
	Phone number: <u>(336) 222-0524</u>	SSN: <u>243-86-1446</u>
	Address: <u>3440 MINE CREEK RD</u>	
	<u>BURLINGTON</u>	<u>NC</u> <u>27217</u>
	City	State Zip Code
3)	Name: _____	Title: _____
	Phone number: _____	SSN: _____
	Address: _____	
	_____	_____
	City	State Zip Code

Are there more owners, partners, officers or members than can be listed here? ☐ Yes ☐ No

AUTHORIZATION:

I certify that the information provided in this application is true and accurate, and that I am authorized by the named employing unit to complete this report for determining unemployment tax liability.

Name: CLAUDE SIMON Title: PRESIDENT
E-mail address: CLAUDESIMON@PLANTTEL.NET