

State of Illinois - Department of Labor
Bureau of Employment Security
DIVISION OF UNEMPLOYMENT INSURANCE
910 South Michigan Avenue
Chicago, Illinois 60605

Source: _____
Date: _____

(Do Not Use)

A/C No.			
LIAB.	Date	Qtr.	Sec.
Det. By	Date		
Posted By	Date		
Cleared By	Date		

Name, Address & Federal Employer Identification Number:

REPORT TO ESTABLISH LIABILITY FOR LOCAL GOVERNMENT ENTITIES UNDER THE ILLINOIS UNEMPLOYMENT INSURANCE ACT

- Legal Name of Local Government Entity: Decatur Public Library
- Address and Telephone No: 247 East North Street
(Street and Number or Rural Route)
Decatur Macon Illinois 62523 (217) 428-6617
(City or Town) (County) (State) (Zip Code) (Telephone Number)
- Address to Which Correspondence Should be Mailed if Different From Above:

(Street and Number) (City)

(County) (State) (Zip Code)
- Name, Capacity and Telephone Number of Person Who May Be Contacted For Information:
Robert H. Dumas, City Librarian (217) 428-6617
- Enter Your Federal Employer Identification Number Under Which You File Federal Social Security Returns (Form 941) If Not Shown In The Box Above Your Name and Address:
37-6001308
- What Is The Form Of Your Organization: POLITICAL SUBDIVISION INSTRUMENTALITY*
 MUNICIPAL CORPORATION OTHER *(Specify)* _____
- *If An Instrumentality, Of What Political Entity? City of Decatur, Illinois
- a. Date Created: Aug 3, 1875 How Created _____

8. Enter The Following Information For The Officers Of Your Organization:

NAME:	TITLE:
Mr. Jon Robinson	President
Mr. Wilbur B. Lindsay	Vice-President
Mrs. Ronald Batterham	Secretary

9. Date That you Began Employing Workers In The State Of Illinois If Later Than January 1, 1978. _____

10. As A Local Governmental Entity You Are Liable For The Payment Of Contributions Under The Provisions Of The Illinois Unemployment Insurance Act. Are You Interested In The Option Of Reimbursement Of Benefits Paid To Your Former Workers In Lieu Of Paying Contributions On The Wages Paid To Your Workers? YES NO

If Your Answer Above Is "YES", Please Complete The Enclosed Form UC-5(LG) And Return It To Us.

11. Enter Below The Information For EACH Of Your Facilities.

(a) LOCATION	(b) EMPLOYEES	(c) TYPE OF ACTIVITY AT EACH ADDRESS
Street and Number or Rural Route, City or Town, and Zip Code (List each Location or Branch in Illinois)	County in Illinois	Average Number at Each Address
247 E. North, Decatur 62523	Macon	50

CERTIFICATION: I hereby certify that the information contained in this report and in any sheets attached hereto is true and correct.