

Commonwealth of Massachusetts Executive Office of Labor and Workforce Development

How to Request a Certificate of Compliance



From the Employer Home Page screen, click on the **Payment Information** link.

Employer Information

Employer Account Number: 22104220

Employer Name: ABC Corp

Click Here to view information about WorkShare Program.

Employer Home

Employer Home Employer Home

FAQ

Review frequently asked questions (FAQ's) for the UI program or UI system.

Determination and Issue Summary View determinations associated with your account.

Benefit Charge Activities

View Benefit Charges by calendar year and quarterly summaries; claimant detail summaries; and individual claimant transaction details. Additional information includes fiscal year summaries with tax rate buydown and/or merger-acquisition details related to benefit charges.

Employment and Wage Detail Reporting

Submit Employment and Wage Detail Reports for this Agency and the Department of Revenue. View historical Employment and Wage Reporting information.

User Maintenance

Employer Inbox

View and maintain your inbox.

Account Maintenance

Maintain account information including changing legal name, mailing address, owners/officers, reporting units, or reporting status. View the most recent Tax Rate Notice, authorize TPAs or prov information regarding the purchase or sale of a business.

Correspondence

Search for Correspondence



Make payments; view account summary, pending payments, processed or cancelled payments, taxable wages, and FUTA credit information.



Click on the **Request Employer Certificate of Compliance** link.

Employer Information	
Employer Account Number: 22104220	Employer Name: ABC Corp
Payment Information	
Cancel Payments List of all unprocessed post-dated electronic payments and provides the option for payment.	canceling a Summary of transactions posted to the employer account during the 3 month period selected.
Search Payments Display of processed and cancelled payments by confirmation number, payment m range.	nethod or date Request for 940 Certification Summary of reported Massachusetts taxable wages, total Contributions made to the UI Trust fund f Massachusetts and the Massachusetts UI Contribution Rate for the requested tax year.
Unpaid Debt and Credit Summary/Make a Payment All outstanding debt and a summary of unapplied credits on an employer's accoun date. Payment can be made here.	t as of the current Request a payment plan for outstanding debt.
Request Employer Certificate of Compliance Request a certificate of compliance/good standing.	Quarterly Summary Statement Summary of wages, debt and interest on an employer's account for a given quarter.



Click the **Request** button to obtain the certificate. If the account is in good standing, a printable PDF will appear in a new window.

If a second copy of the certificate is needed, the employer can click **Request** and the original certificate will appear showing the date of the initial request. This certificate expires 30 days from the date of issuance.

Employer Information					
Employer Information					
Employer Account Number: 22104220	Employer Name: ABC Corp				
Request Certification Of Good Standing					
DUA provide businesses in good standing with a Certificate of Good Standing (Certificate) upon their request.					
Request					



Below is a sample of a Certificate of Compliance.





If the account is not in good standing, the message below will appear.

Employers should check their accounts for outstanding debt or missing quarters that need to be filed in order to receive a Certificate of Compliance.

Employer Information						
Employer Account Number: 22104220	Employer Name: ABC Corp					
Request Certification Of Good Standing						
DUA provide businesses in good standing with a Certificate of Good Standing (Certificate) upon their request.						
Request						
The request for a Certificate of Compliance cannot be granted at this time because your Department of Unemployment Assistance account is out of compliance. Please call 617-626-5075 to resolve this matter.						



From the Payment Information screen, click on Unpaid Debt and Credit Summary/Make a Payment.





This screen displays all past due amounts, along with credits and missing wage reports (if applicable). Employers can click **Make Payment** to pay the amount due.

Emplo	yer Information												
Employe	r Account Number	: 22104220			Employer Na	ame: ABC Corp							
Unpai	d Debt and Credi	it Summary											
Amount	Due: \$991.17											Interes	<u>st Calculator</u>
Unpai	d Debt												
	UI Principal	EMAC/UHI Principal	WTF Principal	EMAC Supplement Principal	UI Interest	EMAC/UHI Interest	WTF Interest	EMAC Supplement Interest	USA Surcharge	Other Charges	Deferrals	Penalties	Total
<u>1/2018</u>	\$955.73	\$0.00	\$25. <mark>1</mark> 3	\$0.00	\$10.05	\$0.00	\$0.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$991.17
Total:	\$955.73	\$0.00	\$25. 1 3	\$0.00	\$10.05	\$0.00	\$0.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$991.17
	Unapplied Credits Summary												
There an	e no unapplied cre	edits on this account											
View Details of Unapplied Credits													
Our records indicate you have not submitted an employment and wage report (* indicates the quarter has been assessed)													
No reco	No records found												

Credits will be applied to future amounts due.

Deferral option will be available starting April 1 to April 30 for Quarter 1 and starting July 1 to July 31 for Quarter 2. Payments submitted after 3 p.m. may be considered received the next business date.





Enter the total payment amount and select the ACH Debit option from the payment method drop down menu. Click **Next**.





Enter the routing and bank account numbers. Click **Next**.

Employer Information					ঙChange Employer ঙLeave Employer
Employer Account Number: 22104220	Employer Name: ABC Corp				
		→()—	>		
ACH Payment					
Co	ntributory Employer Due Dates:	Quarter 1 - April Quarter 2 - July Quarter 3 - Octo Quarter 4 - Janu	31 ber 31		
Reir	hbursable Employer Due Dates:			of the bill	
	not submitted by the date indica				
	Debt Amount Due:				
	Payment Amount:		*	_	
	Routing Transit Number:		*		
	Bank Account Number:		*		
	Account Type:	Checking 👻 🕇		_	
	Payment Effective Date:	6/4/2018	* (mm/dd/yyyy)		
Your Routing Transit Number and Bank Account Number are located on the paper checks provided by your bank					





Confirm the payment and click Submit.

Employer Information		%Change Employer %Leave Employ
mployer Account Number: 22104220	Employer Name: ABC Corp	
	$\blacksquare \longrightarrow \blacksquare \longrightarrow \blacksquare \longrightarrow$	
Payment Verification		
	Quarter 1 - April 30	
	Quarter 2 - July 31	
	Contributory Employer Due Dates: Quarter 3 - October 31 Quarter 4 - January 31	
	Reimbursable Employer Due Dates: 30 calendar days from the mailing of the bill	
	If payment is not submitted by the date indicated, you may be subject to interest or penalties.	
	······································	
	Total Payment Amount: \$991.82	
	Routing Transit Number: XXXXX0138	
	Bank Account Number: XXXXXX7890	
	Account Type: Checking	
	Payment Effective Date: 6/4/2018	
/ paying your Division of Unemployment Assistance bill by way of thi	s online service, you are authorizing Division of Unemployment Assistance to charge your checking account for the amount you submi	itted.





The payment is now confirmed. From this screen, click the **Request Employer Certificate of Compliance** link to obtain a certificate.

Employer Home	Employer Information	%Change Employer %Leave Employer	
	Employer Account Number: 22104220	Employer Name: ABC Corp	
FAQ Employer Inbox		$\bullet \longrightarrow \bullet \bullet \longrightarrow \bullet \bullet \longrightarrow \bullet$	
Determination and Issue Summary	Payment Confirmation		
Summary Account Maintenance Benefit Charge Activities Collections Correspondence Employment and Wage Detail Reporting History Payment Information • Cancel Payments • Financial Transactons • Search Payments • Request for 940 Certification • Unpaid Debt and Credit Summary/Make a Payment • Request Employer Certificate of Compliance • Quarterly Summary Statement User Maintenance	Employer Name: ABC Corp Effective Date: 6/4/2018 Transaction Date: 6/4/2018 Transaction Time: 9:20 AM Remaining Balance: \$0.00 If you have a remaining balance you may make another payment by selecting "Make Payment"	Employer Account Number: 22104220 Payment Confirmation #: 108786172 Payment Method: ACH Debit Total Payment Amount: \$991.82	