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| MAINE DEPARTMENT OF LABOR  Bureau of Unemployment Compensation – Tax Division 45 Commerce Drive, 47S State House Station Augusta, ME 04333-0047  **EMPLOYER’S STATUS REPORT** (For Subject Employee Leasing Clients) | **OFFICE USE ONLY**  Employer No. Area Code Industry Code Liability Established Chargeable |
| *As a Client of an Employee Leasing Company, you are required to complete this form. If you have any questions regarding this form, please contact this Department using one of the choices in the “Questions” box on the reverse side.* | |

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| --- | --- |
| 1. Leasing Company Name | 1a. Leasing Company Mailing Address and Zip Code |
| 1b. Leasing Company Federal ID No. | 1c. Leasing Company State ID No. |
| 2. Client Company Name | 2a. Client Company Federal ID No. |
| 3. Client Company Address | 4. Name of Person in Charge of Payroll Records at Client Co.  Phone: Fax: |

1. Type of Organization: A. Individual Ownership; B. Partnership C. Corporation; D. Association

E. “S” Corporation (attach Federal Form 2553); F. LLC; G. Other (Explain):

1. State of Incorporation 7. Date of Incorporation
2. Date Employees First Employed in Maine: 8a. Date You Began Leasing Employees from Above Leasing Company in Maine: 8b. Do You Lease All of Your Workers?..................................................................................................... YES NO
3. Name of Client Owner(s), Partner(s), Officers Residence

Name Social Security No. Title (Street-City-State-Zip Code)

1. If you acquired the business or assets of another employing unit, give name, address, and account number of previous owner. Name Address UC Account No. Date Acquired Sales Tax Registration No. Did you acquire all the business in Maine? ........................................................................................... YES NO Did the previous owner do business in Maine?..................................................................................... YES NO Did the previous owner have employment in Maine? ........................................................................... YES NO
2. What part of the previous owner’s business did you not acquire?
3. Is your organization subject to the Federal Unemployment Tax? (If unknown, leave blank ................ YES NO
4. Do you hold an exemption from federal income taxes as a nonprofit organization described

under Section 501(c)(3) of the internal revenue code? ..................................................................... \* YES NO

\* If “YES,” you must attach a copy of your IRS exemption letter

1. Have you engaged any contractors or subcontractors to perform any service for you which

was part of your usual course of business, in the current or preceding year?................................ \*\* YES NO

\*\* If “YES,” give name and address on separate sheet and attach to this report.

15. Do any of your workers provide domestic service for you?.................................................................. YES NO

16. Do any of your workers provide agricultural service for you? .............................................................. YES NO

NOTE: If the answer is “YES,” to either question 15 or 16, please indicate in items 17 and 18 of this report which wages and employees relate to each category. Attach a separate sheet if necessary.

Me. FX-1L (rev. 06/2011) > > Please Complete Reverse Side < <

Items 17 and 18

* **All Corporations:** Include all officers and family members who are performing services.
* **All Employers:** Do not include service performed by a student participating in a cooperative program of education and occupational training.
* **Proprietorship:** Do not include the service performed by an individual in the employ of his son, daughter or spouse, or the service performed by a child under 18 for his father or mother.
* **Partnership:** Do not include partners.

\* TO INSURE PROMPT PROCESSING, PLEASE COMBINE DATA FOR NON-LEASED AND LEASED WORKERS

\*17. In the spaces below, enter the total amount of reportable wages paid each quarter of the current and preceding calendar years (include wages paid to date).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Maine Payrolls | Quarter Ending March 31 | Quarter Ending June 30 | Quarter Ending September 30 | Quarter Ending December 31 |
| Preceding Year 20 |  |  |  |  |
| Current Year 20 |  |  |  |  |

\*18. If you are either a ***501(c)(3)*** or an ***agricultural*** employer, enter in each block the largest number of individuals, both full and part-time workers, who were employed by you in Maine in your peak day of employment in each week. ***All other employers,*** please use check marks indicating weeks with workers.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Preceding Year  20 | Week # | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Week # | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Current Year  20 | Week # | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Week # | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. List all Maine work locations: Nature of Business

|  |  |  |  |
| --- | --- | --- | --- |
| City and/or Town | No. of Employees | Principal Activity | Type of Goods or Services |
|  |  |  |  |

1. FOR MULTIPLE LOCATIONS AND/OR ACTIVITIES: If one of the above locations is an auxiliary unit for the primary establishment, please indicate by putting the appropriate letter next to the activity: **(A)** = Administrative Office;

**(B)** = Research, Development and Testing; **(C)** = Warehouse and Storage Area; **(D)** = Auxiliaries, Not Classified (Repair Shops, Computer Maintenance, Garages, etc.).

1. **I CERTIFY THE INFORMATION GIVEN ABOVE IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS REPORT MUST BE SIGNED BY AN OWNER, PARTNER, OR OFFICER.**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: Client Company Owner/Corporate Officer/Partner | Title | Signature of Partner | Date |

1. Liability Established under Section 1043,9 as of . Contributions due from . Field Advisor and Examiner Code Date

Saco.................. (207) 286-2677

Wilton ................ (207) 645-5825

Lewiston ............(207) 753-9088

Portland.............(207) 822-0212

Presque Isle ......(207) 768-6813

Augusta............ (207) 621-5120

Bangor ............. (207) 561-4094

Brunswick......... (207) 373-4009

**QUESTIONS?** Contact a Representative at (207) 621-5120; TTY (Deaf / Hard of Hearing): 1-800-794-1110, Fax at (207) 287-3733, e-mail at [division.uctax@Maine.gov](mailto:division.uctax@Maine.gov), or contact a Field Advisor and Examiner at one of the numbers below: