

OFFICE USE ONLY	
Employer No.	_____
Area Code	_____
Industry Code	_____
Liability Established	_____
Chargeable	_____

**EMPLOYER'S STATUS REPORT** (For Subject Employee Leasing Clients)

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.

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: _____

5. Type of Organization: A.  Individual Ownership; B.  Partnership C.  Corporation; D.  Association  
 E.  "S" Corporation (attach Federal Form 2553); F.  LLC; G.  Other (Explain): \_\_\_\_\_

6. State of Incorporation \_\_\_\_\_ 7. Date of Incorporation \_\_\_\_\_

8. 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

9. Name of Client Owner(s), Partner(s), Officers			Residence
<u>Name</u>	<u>Social Security No.</u>	<u>Title</u>	<u>(Street-City-State-Zip Code)</u>
_____	_____	_____	_____
_____	_____	_____	_____

10. 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

11. What part of the previous owner's business did you not acquire? \_\_\_\_\_

12. Is your organization subject to the Federal Unemployment Tax? (If unknown, leave blank) .....  YES  NO

13. 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

14. 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.

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.

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	

19. List all Maine work locations: \_\_\_\_\_ Nature of Business \_\_\_\_\_

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

20. 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.).

21. **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
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22. Liability Established under Section 1043,9 \_\_\_\_\_ as of \_\_\_\_\_. Contributions due from \_\_\_\_\_.  
Field Advisor and Examiner \_\_\_\_\_ Code \_\_\_\_\_ Date \_\_\_\_\_

**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:

Augusta.....(207) 621-5120	Lewiston.....(207) 753-9088	Saco.....(207) 286-2677
Bangor.....(207) 561-4094	Portland.....(207) 822-0212	Wilton.....(207) 645-5825
Brunswick.....(207) 373-4009	Presque Isle.....(207) 768-6813	