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	Employee Leasing Company Initial Registration of Client Companies															3.Check form (X) of Organization																					
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	I. Who should we contact for information? S. Who is your accountant? Name: Name: 6a. Total Number of															of l	NJ C	Client Companies:																			
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	Listing of client companies (Continue on back of this form and/or use continuation sheet PEO-1C as necessary)															.s III	INCW	v Jersey.																			
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	F. Will this client company continue to report wages/remuneration under its own taxpayer ID after the effective date of the leasing agreement? Yes No																																				
If y	If yes, calculate percentage of employees being leased and enter that percentage in line 'G'. If no, enter 100% in line 'G'.																																				
G. I	G. Percentage of client company's work force being leased:																																				
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CERTIFICATE OF EMPLOYEE LEASING COMPANY To be in compliance with the Law, this form must be completed fully and responsibly. This certification must be signed by (1) the owner, if an individual; (2) a responsible or duly authorized member of a partnership or other unincorporated organization; (3) the President, Treasurer, or other principal officer, if a corporation. (Accountant's signature is not acceptable.)																																					
I certify that the information contained in this registration submitted pursuant to the provisions of the Unemployment Compensation Law of New Jersey, as amended and supplemented, is true and correct in every respect.																																					
I fur	ther cert	ify th	e fol	lowi	ng:																																
(1) that I have provided each of my client companies a written explanation (disclosure) as to the method utilized for the calculation of unemployment benefit and temporary disability contribution rates upon both the inception and dissolution of the employee leasing relationship.														yment																							
(2)	that I will not deviate from the standard form of agreement attached, and that, if I change the standard form of agreement, I will notify the New Jersey Department of Labor at the end of the calendar year in which the change occurred and which client companies agreed to terms which deviate from the standard form of agreement.																																				
(3)) that I have attached a copy of the standard form of agreement entered into for all my current active client companies.																																				
(4)	that all								d by	wo	rke	r's c	omj	pens	atio	on ii	nsu	ranc	ce,	and	Ιh	ave	att	tacl	hed	pro	oof	of	cur	rent	w	orke	er's	compensation coverag	e, and		
(5)	5) that I have attached a copy of an audited financial statement prepared by an independent certified public accountant in accordance with generally accepted accounting principles within thirteen (13) months prior to the date of this registration.																																				
Note:	Number	r 5 is	not r	equi	red	for	an o	ut o	f sta	ite P	ЕО	that	me	eets 1	the	crit	eria	a foi	r lir	nite	d r	egis	stra	tioı	n.												
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PRINT OR TYPE INFORMATION

N. J. Department of Labor - Division of Employer Accounts, PO Box 913, Trenton, NJ 08625-0913

For Listing Additional Client Companies A. Client Company Name: _ B. Client Company Address (Physical Location): 0 - - - - -C. Client Company Tax Payer ID: D. Client Company Economic Activity: _ _____ Duration of Leasing Agreement: E. Effective Date of Leasing Agreement: F. Will this client company continue to report wages/remuneration under its own taxpayer ID after the effective date of the leasing agreement? ☐ Yes ☐ No If yes, calculate percentage of employees being leased and enter that percentage in line 'G'. If no, enter 100% in line 'G'. G. Percentage of client company's work force being leased: A. Client Company Name: ____ B. Client Company Address (Physical Location): 0 - _ _ _ / [C. Client Company Tax Payer ID: D. Client Company Economic Activity: _____ Duration of Leasing Agreement: __ E. Effective Date of Leasing Agreement: F. Will this client company continue to report wages/remuneration under its own taxpayer ID after the effective date of the leasing agreement? If yes, calculate percentage of employees being leased and enter that percentage in line 'G'. If no, enter 100% in line 'G'. G. Percentage of client company's work force being leased: ____ A. Client Company Name: __ B. Client Company Address (Physical Location): C. Client Company Tax Payer ID: D. Client Company Economic Activity: _ Duration of Leasing Agreement: E. Effective Date of Leasing Agreement: F. Will this client company continue to report wages/remuneration under its own taxpayer ID after the effective date of the leasing agreement? ☐ Yes ☐ No If yes, calculate percentage of employees being leased and enter that percentage in line 'G'. If no, enter 100% in line 'G'. G. Percentage of client company's work force being leased: A. Client Company Name: ___ B. Client Company Address (Physical Location): - - - / -C. Client Company Tax Payer ID: D. Client Company Economic Activity: _ _____ Duration of Leasing Agreement: ___ E. Effective Date of Leasing Agreement: _ F. Will this client company continue to report wages/remuneration under its own taxpayer ID after the effective date of the leasing agreement? If yes, calculate percentage of employees being leased and enter that percentage in line 'G'. If no, enter 100% in line 'G'. G. Percentage of client company's work force being leased: _______% A. Client Company Name: ____ B. Client Company Address (Physical Location): 0 - - / - / / / C. Client Company Tax Payer ID: D. Client Company Economic Activity: _ _____ Duration of Leasing Agreement: E. Effective Date of Leasing Agreement: F. Will this client company continue to report wages/remuneration under its own taxpayer ID after the effective date of the leasing agreement? If yes, calculate percentage of employees being leased and enter the percentage in line 'G'. If no, enter 100% in line 'G'. G. Percentage of client company's work force being leased: