PRINT OR TYPE INFORMATION

ORIGINAL - RETURN THIS COPY TO

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

N. J. Department of Labor and Workforce Development - Division of Employer Accounts, PO Box 913, Tremon, NJ 08023-0913
Continuation Sheet for Listing Client Companies
1. Leasing Company FEIN No.
0
A. Client Company Name:
B. Client Company Address (Physical Location):
C. Client Company FEIN No.: 0 /
D. Client Company Economic Activity:
E. Effective Date of Leasing Agreement: Duration 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 FEIN No.: 0
D. Client Company Economic Activity:
E. Effective Date of Leasing Agreement: Duration 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 FEIN No.: 0
D. Client Company Economic Activity:
E. Effective Date of Leasing Agreement: Duration 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 FEIN No.: 0
D. Client Company Economic Activity:
E. Effective Date of Leasing Agreement: Duration 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: %
Signature: Date: