

RETURN TO:

TN DEPT OF LABOR AND WORKFORCE DEVELOPMENT
EMPLOYER ACCOUNTS/EMPLOYER SERVICES
220 FRENCH LANDING DRIVE, 3-B
NASHVILLE, TN 37243



TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF EMPLOYMENT SECURITY

APPLICATION FOR CLIENT NUMBER
FOR CLIENTS OF A PROFESSIONAL EMPLOYER ORGANIZATION

(615) 741-2486 FAX (615) 741-7214

1A. Enter Professional Employer Organization (PEO) Information

PEO State No. \_\_\_\_\_ - \_\_\_\_\_

PEO Name \_\_\_\_\_

1B. Enter Client Company Information

Client's Federal Number \_\_\_\_\_ - \_\_\_\_\_

Client's Employer Name \_\_\_\_\_

Client's Trade Name \_\_\_\_\_

Client's Mailing Address \_\_\_\_\_

2. Client's PHYSICAL BUSINESS ADDRESS in Tennessee if different from above:

\_\_\_\_\_

OFFICIAL USE ONLY
Tennessee ID Number M. No. County Alt Zip
Liab. Org. First Employment Date Liab
Comp Year NAICS M-NAICS Verified
Rates

Client's company phone: \_\_\_\_\_

Client's fax number: \_\_\_\_\_

Client's email address: \_\_\_\_\_

Client's business website: \_\_\_\_\_

3. CHECK (X) FORM OF ORGANIZATION OF CLIENT COMPANY

- INDIVIDUAL
PARTNERSHIP
CORPORATION
LIMITED LIABILITY COMPANY
LIMITED PARTNERSHIP
OTHER

4. Name of Client Company's Partners, Corporate Officers, Limited Liability Company Members and Managers (if Board Managed), General Partners (Attach separate sheet if necessary.)

Table with 2 columns: Name, Social Security Number

NOTE: If a Limited Liability Company, are you treated by IRS as a(n) Individual Proprietorship Partnership or as a Corporation?

5. Name of person responsible for payroll records \_\_\_\_\_ Phone Number \_\_\_\_\_

6. A. Number of workers your client has employed (will employ) in TN \_\_\_\_\_

B. Date your client first employed (will employ) a worker in TN \_\_\_\_\_

C. Date your client first paid (will pay) a worker in Tennessee \_\_\_\_\_

D. Is your client presently reporting for U.I. purposes in another state?

YES NO If YES, which state? \_\_\_\_\_

E. If your client is a corporation or LLC, provide formation information.

Date \_\_\_\_\_ State \_\_\_\_\_ Control No. \_\_\_\_\_

7. NONPROFIT EMPLOYMENT (SEPARATE REPORTS MUST BE FILED FOR EACH CALENDAR QUARTER IN WHICH WAGES WERE PAID.)

A. Is your client organization exempt from Federal Income Taxes under Section 501(c)(3) of the IRS Code? YES NO

If YES, attach a copy of letter of exemption.

B. Has your client employed or expects to employ four (4) or more individuals in Tennessee for any portion of a day within twenty (20) different weeks in a calendar year? YES NO

If answer is YES, give month and year of the twentieth week of the first year this occurred. MONTH YEAR

8. REGULAR BUSINESS EMPLOYMENT (SEPARATE REPORTS MUST BE FILED FOR EACH CALENDAR QUARTER IN WHICH WAGES WERE PAID.)

A. Has your client employed or does your client expect to employ at least one worker in twenty different calendar weeks during a calendar year?

YES NO If YES, give earliest month and year the twentieth week occurred (will occur). MONTH YEAR

B. Has your client had or does your client expect to have a quarterly payroll of \$1,500 or more? YES NO

If YES, give earliest quarter and year this occurred (will occur). QUARTER YEAR

9. HOUSEHOLD EMPLOYMENT (SEPARATE REPORTS MUST BE FILED FOR EACH CALENDAR QUARTER IN WHICH WAGES WERE PAID.)

A. Has your client had or does your client expect to have a \$1,000 quarterly payroll for domestic services? YES NO

If YES, give earliest quarter and year this occurred (will occur). QUARTER YEAR

10. AGRICULTURAL EMPLOYMENT (SEPARATE REPORTS MUST BE FILED FOR EACH CALENDAR QUARTER IN WHICH WAGES WERE PAID.)

A. Has your client employed or does your client expect to employ at least ten or more workers in some part of a day in twenty different weeks during a calendar year? YES NO

If YES, give earliest month and year this occurred (will occur). MONTH YEAR

B. Has your client had or does your client expect to have a quarterly payroll of \$20,000 or more? YES NO

If YES, give earliest quarter and year this occurred (will occur). QUARTER YEAR

C. Is all activity performed on a farm? YES NO If NO, what percentage is? Please explain in 11A on page 2.

Client's Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

11. A. Describe the major business activity of the account to be covered, listing any products manufactured or sold, or service provided. **Be as descriptive as possible.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. In what **Tennessee County** is your company located? \_\_\_\_\_  
*(If account covers sales reps or other personnel working from home, list county or city of residence.)*

C. Is the primary purpose of the employee(s) covered by this application to **support other locations of your company**?

YES  NO  If YES, then check the category that best applies. Add comments as necessary.

- HEADQUARTERS (e.g., corporate or regional management offices) \_\_\_\_\_
- ADMINISTRATIVE (e.g., bookkeeping, accounting, payroll, HR, PR) \_\_\_\_\_
- WAREHOUSING (e.g., storage, distribution, equipment yard) \_\_\_\_\_
- SALESMAN (indicate product) \_\_\_\_\_
- INFO TECH (e.g., software publication, programming, systems design, data processing) \_\_\_\_\_
- OTHER (e.g., repair shop, security office, maintenance, employee recreation facility) \_\_\_\_\_

D. Below are some industries that often need additional clarification. This section may not apply to every employer. If you see your industry, please answer the corresponding question(s).

**Construction:** What type of construction? \_\_\_\_\_  
*Mostly residential or non-residential?*  residential  non-residential

**Property Mgmt.:** Does this business manage property for others or for itself?  others  itself  
*Mostly residential or non-residential?*  residential  non-residential

**Trucking:** Is the main trucking activity local or long distance?  local  long distance  
*Mostly truckload or less than truckload?*  truckload  less than truckload

**Employment Agency:** Is this a temporary staffing service or an employment placement agency?  
 Temporary Staffing Service  Employment Placement Agency

**Health Care:** Is this a  doctor's office,  multi-disciplinary clinic,  freestanding urgent care center or  other?  
Please specify. \_\_\_\_\_

**Info Tech (IT):** Which category best fits your business?  
 software publication  programming  systems design  data processing

**Restaurant:** Is the restaurant  full service,  fast food,  cafeteria/buffet,  snack bar,  other?  
Please specify. \_\_\_\_\_

**Consulting:** What is the primary type of consulting?  
 administrative,  human resources,  marketing,  process/logistics,  environmental, or  other  
Please specify. \_\_\_\_\_

**Home Health:** Does the care involve skilled nursing? YES  NO

**Retail:** What is the primary product? \_\_\_\_\_

**Wholesale:** What is the primary product? \_\_\_\_\_

**Mining:** What is the primary product? \_\_\_\_\_

**Convenience Store:** Does the store sell gasoline? YES  NO

**Manufacturing:** What is the primary product? \_\_\_\_\_