



DETERMINATION OF PROFESSIONAL EMPLOYER ORGANIZATION (PEO) STATUS

State Form 52098 (R5 / 6-16)
INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT
10 N. Senate Ave RM SE 202
Indianapolis, IN 46204-2277
CONFIDENTIAL RECORD PURSUANT TO IC 4-1-6, IC 22-4-19-6



052098011

*This agency is asking for your Social Security number, this record cannot be processed without it.

PLEASE PRINT IN BLACK OR BLUE INK					
Federal Identification number: _____ - _____			SUTA account number: _____		
Legal name of business as registered with Secretary of State: _____					
Trade name (or d/b/a): _____					
Street address: _____					
City: _____		State: _____		ZIP code: _____	
Business telephone number: () -			Business fax number: () -		
Name <i>(please print)</i>		Title	Social Security Number*		Telephone Number
			- -		() -
			- -		() -
			- -		() -
Formation Date of Corporation or Partnership: (mm/dd/yyyy)	____/____/____	State of Corporation:	____	Date Payroll Began in Indiana: (mm/dd/yyyy)	____/____/____
List physical address maintained in Indiana					
1. Is the registrant recognized as a Professional Employer Organization with the Indiana Department of Insurance? Please attach a copy of the registration letter issued by the Department of Insurance. <input type="checkbox"/> Yes <input type="checkbox"/> No					
2. Does the registrant have individuals that are receiving remuneration for services that are direct employees of the Professional Employer Organization in the State of Indiana? <input type="checkbox"/> Yes <input type="checkbox"/> No					
3. Please check the reporting method that the Professional Employer Organization would like to use. Please note that a Professional Employer Organization must use the same reporting method for all of its clients pursuant to IC 22-4-6-5-8(d). <input type="checkbox"/> Client level or <input type="checkbox"/> PEO level					
4. Is the registrant currently reporting wages under a client's state unemployment tax account? Please attach a list containing the state unemployment tax account numbers, federal identification numbers and name of each employing unit operating in the State of Indiana. <input type="checkbox"/> Yes <input type="checkbox"/> No					
5. Please provide any state unemployment account numbers that were previously assigned to the registrant or a commonly owned, managed or controlled entity. Attach additional pages for more account numbers if necessary.					
Account number		Account number		Account number	
6. How many clients have entered into a co-employment relationship with the registrant in Indiana?					
7. Does the registrant share any ownership interests with any of its client companies? <input type="checkbox"/> Yes <input type="checkbox"/> No					
8. Does the registrant have any common officers with any it client companies? <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. List all individuals or entities that directly or indirectly own any of the equity interest of the registrant.					
Individuals or Entities			Percentage of Ownership		
			Directly	%	Indirectly
			Directly	%	Indirectly
			Directly	%	Indirectly
			Directly	%	Indirectly



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10. Is any commonly owned, managed or controlled PEO reporting wages at the PEO or client level in the State of Indiana? If 'yes', please provide the name, FEIN, and state unemployment tax account number(s) or the affiliated PEO(s).

Yes No

Name _____
FEIN _____
SUTA number _____

Name _____
FEIN _____
SUTA number _____

11. List all names that the registrant has operated under in the last five years. Please include the name of any predecessors and successors.

12. Are you registering as a result of a transfer or trade or business as described in IC 22-4-10-6 or IC 22-4-11.5?

Yes
 No

If 'yes', you must complete "Section A" below.

SECTION A if you have any questions whether or not this section applies to you, please call (800) 437-9136.

Date you purchased, reorganized, incorporated or otherwise took control of the Indiana business: _____

Predecessor/Disposer Federal Identification number: _____

Predecessor/Disposer Legal name: _____

Trade name (or d/b/a): _____

Mailing address: _____

City: _____ State: _____ ZIP code: _____ Telephone number: () -

Disposer contact person first name: _____ Last name: _____

Disposer contact person telephone number: () -

REMARKS: Please attach additional sheets of paper if more space is needed.

I hereby certify that all information contained herein is true, correct and complete to the best of my knowledge and belief.

Signature

Date (mm/dd/yyyy)

Mail this form to:

Indiana Department of Workforce Development
10 N. Senate Ave., RM SE 202, Indianapolis, IN 46204-2277
Please call (800) 437-9136, if you have any questions.