



REPORT FOR SEASONAL DETERMINATION

State Form 15672 (R4/10-09), DWD Form 2003

INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT

10 N. SENATE AVE., RM SE204

INDIANAPOLIS IN 46204-2277

Local: (317) 233-6715 Toll Free: 1-800-437-9136 Fax: 317-233-2706

- Pursuant to Indiana Code 22-4-7-3, the undersigned Employer hereby makes application to become a Seasonal Employer for all or designated portions of its Indiana operations. This form must be updated every two years to keep your Seasonal Determination active.

Date: _____

1. Indiana SUTA No.: _____ () FEIN: _____ - _____

• Legal Name of Employing Unit _____

• d/b/a _____

• Business Address _____ PO Box _____

City _____ State _____ ZIP Code _____ - _____

Describe the nature of your business: _____

2. List below the name and location of each distinct and segregable portion of your business that you wish to be claimed as Seasonal (attach additional sheets if you have more than seven (7) units).

NAME

LOCATION

A. _____

B. _____

C. _____

D. _____

E. _____

F. _____

G. _____

3. Describe the nature of the business that you consider Seasonal under Item 2, and indicate ACTUAL DATES of Seasonal operating period (must be less than 26 weeks).

NATURE OF OPERATION

OPERATING PERIOD

A. _____

B. _____

C. _____

D. _____

E. _____

F. _____

REPORT FOR SEASONAL DETERMINATION (continued)

Account Number

4. List job titles or classifications which are considered Seasonal under Item 2 and the number of Seasonal employees.

JOB TITLE OR CLASSIFICATIONS

NUMBER OF SEASONAL EMPLOYEES

A. _____	_____
B. _____	_____
C. _____	_____
D. _____	_____
E. _____	_____
F. _____	_____
G. _____	_____

Describe any of your operations that normally extend more than 25 weeks:

5. _____

6. List your job titles or classifications that normally extend more than 25 weeks.

7. I hereby certify that the foregoing information is true and correct and that I am authorized to execute this report on behalf of the employer named above.

_____	Date	_____
Signature of Authorized Representative	()	-
_____	Telephone Number	_____
Title	()	-
	FAX Number	_____