Reset Form

VOLUNTARY ELECTION TO BECOME AN EMPLOYER UNDER THE INDIANA EMPLOYMENT AND TRAINING SERVICES ACT

State Form 48767 (R4 / 7-13) / DWD Form 9

INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT
UI TAX ADMINISTRATION
10 N Senate Ave Indianapolis IN 46204-2277
Toll free: 1-800-437-9136 Fax: 317-233-2706

Account number
Approved by:

STATE OF _____)
)
COUNTY OF _____)

Comes now _____, and being first duly sworn upon his/her oath, deposes and says:

1. That he/she is _____ of _____,
   (owner) (partner) (officer) (agent) *(name of employing unit)*

   a _____ doing business as _____,
   (type of business organization) *(trade name of business)*

   located at _____
   (street) *(city)* *(state)* *(zip code)*

2. That said employing unit is now an employer subject to the Indiana Employment and Training Services Act;

3. That said employing unit does hereby voluntary elect to become an employer subject to the Indiana Employment and Training Services Act to the same extent as any other employer, in accordance with the terms and provisions of Chapter 9, Section 4 thereof, effective as of January 1, 20_____, for a period of not less than two calendar years including the year in which application was made;

Signature _____

Title _____

NOTE: 1. If the person executing this application is other than the employer, attach a copy of power of attorney or other authorization to act for and in behalf of said employer, must accompany this form.

2. This Voluntary Election must be accompanied with State Form 2837, Report to Determine Status, if such has not been previously submitted.

3. This Voluntary Election must be effective January 1, if submitted in writing by January 31, except in case of a corporation, partnership, or joint venture organized subsequent to January 1, in which case the date of organization is the effective date. Contribution and payroll report forms for all completed quarters must accompany this application.