



INDIANA BUSINESS LOCATIONS

State Form 48812 (R2 / 4-15)
INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT
10 N Senate Ave RM SE 202
Indianapolis, IN 46204-2277
Confidential record pursuant To IC 4-1-16, IC 22-4-19-6

* This agency is requesting disclosure of Social Security Numbers (SSNs) in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

IMPORTANT: Employers that have multiple work locations in Indiana are required to provide the address of the locations where work is being performed. Employers may also designate one each (1) specific address to be used for benefit notifications or collections notices that is, or is not, an Indiana worksite location. All other addresses should be in Indiana. This form is used to create or amend location codes for the employer. If you are a single employing unit reporting for multiple FEINs, this form is required for proper administration of the account. Please go to www.in.gov/dwd/SUTA.htm for additional information or clarification.

SECTION ONE – IDENTIFICATION OF THE EMPLOYER

What is the SUTA number currently assigned to the business you are reporting?

What is the name of this business as registered with IDWD?

What is the FEIN number of this employer as registered with IDWD?

Select filing type: Create Locations Amend Locations

SECTION TWO – LOCATIONS (Additional forms may be completed as needed.)

1. Name

Current location code (amend): FEIN if different from Primary FEIN:

Street

City State

ZIP - US Canada Mexico Other

Telephone - - Ext or Name

Type of location: Indiana Work Site Benefit Mailing Collection Mailing

2. Name

Current location code (amend): FEIN if different from Primary FEIN:

Street

City State

ZIP - US Canada Mexico Other

Telephone - - Ext or Name

Type of location: Indiana Work Site Benefit Mailing Collection Mailing

3. Name

Current location code (amend): FEIN if different from Primary FEIN:

Street

City State

ZIP - US Canada Mexico Other

Telephone - - Ext or Name

Type of location: Indiana Work Site Benefit Mailing Collection Mailing

4. Name

Current location code (amend): FEIN if different from Primary FEIN:

Street

City State

ZIP - US Canada Mexico Other

Telephone - - Ext or Name

Type of location: Indiana Work Site Benefit Mailing Collection Mailing

5. Name

Current location code (amend): FEIN if different from Primary FEIN:

Street

City State

ZIP - US Canada Mexico Other

Telephone - - Ext or Name

Type of location: Indiana Work Site Benefit Mailing Collection Mailing

SECTION FOUR – AUTHORIZATION

Provide the name and contact information for the person who prepared this form for signature.

First Name Last Name

Telephone - - Agent Employee

Preparer's Signature: _____ Date / /

Provide the name of the person who is the responsible party for disclosures regarding this entity: ***Do not identify a third party Agent.***

First Name Last Name

Telephone - - Title _____

Responsible Party's Signature: _____ Date / /

IMPORTANT: By signing this form, you are certifying that the information contained herein is true and accurate to the best of your knowledge and belief. You further affirm that you are a person of sufficient authority with regard to the named entity to file this document and to bind the business by the information provided including all required attachments and disclosures as indicated.

Mail completed forms to: IDWD – Employer Status Reports
10 N Senate Ave Rm SE 202
Indianapolis, IN 46204-2277

Fax: 317-233-2706
Questions: 800-437-9136 (2)
Handbook: www.in.gov/dwd