DETERMINATION OF PROFESSIONAL EMPLOYER ORGANIZATION (PEO) STATUS

State Form 52098 (R3 / 10-13)
INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT
Toll Free: (800) 437-9136 Fax: (317) 233-2706

Reset Form

*This agency is asking for your Social Security number, this record cannot be processed without it., CONFIDENTIAL RECORD PURSUANT TO IC 22-4-19-6, IC 4-1

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: ( ) -

Enter the required information for owner, partners or officers. Please attach additional sheet(s) if needed.

Name *(please print)*	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. ☐ Yes ☐ No

2. Does the registrant have individuals that are receiving remuneratin for services that are direct employees of the Professional Employer Organization in the State of Indiana? ☐ Yes ☐ 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). ☐ Client level or ☐ 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. ☐ Yes ☐ 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 neccesary.

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? ☐ Yes ☐ No

8. Does the registrant have any common officers with any its client companies? ☐ Yes ☐ No

9. List all individuals or entities that direct or indirectly own any of the equity interest of the registrant.

Individuals or Entities	**Percentage of Ownership**			
	Directly	%	Indirectly	%
	Directly	%	Indirectly	%

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) of the affiliated PEO(s). ☐ Yes ☐ No

Name_____ Name_____

FEIN_____ FEIN_____

SUTA number_____ 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 of 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 1-800-437-9136.***

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

Predecessor/Disposer Federal Identification number:_____

Predecesor/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 1-800-437-9136, if you have any questions.