



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

*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-

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 remuneration 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 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? 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	%
	Directly	%	Indirectly	%

