

State of Rhode Island Division of Taxation
Form EMP-APP
 Employee Leasing Companies Certificate Application



1314029990101

Applicant business name		Federal employer identification number	
Primary business address		City, town or post office	State ZIP code
Mailing address		City, town or post office	State ZIP code
Telephone Number	Department of Labor and Training Registration Number	Email Address	

Application for Certification for Employee Leasing Companies and/or Temporary Help Service Company

APPLICATION FEE: NEW \$500 RENEWAL \$250

Location(s) in Rhode Island: _____

How long have you been doing business in Rhode Island? _____

Type of business: Sole Owner, Partnership, Corporation, or Other (if Other, enter type)? _____

If Corporation, list name, title, address and social security number of each corporate officer.

If Partnership, list name, address and social security number of each partner.

If sole owner or other entity, list name, address and social security number of each principal.

Name	Title	Address	Social Security Number

Have you or any principals of the applicant company been associated with any other employee leasing firms in this state in the past six (6) years? [] Yes [] No If yes, list:

Person responsible for remittance of withholding taxes:

Name _____ Title _____ Social security number _____

Location of accounting records _____

CONDITIONS: The applicant must maintain a current list of all firms to which it provides employees. The Division of Taxation may require such list be attached to the application as a condition of certification. The applicant agrees to make proper withholdings and contributions from its employees, to file returns, and make payment of all Rhode Island withholding tax and contributions under the Employment Security Act and Temporary Disabilities Act as required by law. The applicant shall make its withholding and payroll records available immediately to the Rhode Island Division of Taxation upon request.

Employee leasing companies and/or temporary help service companies that have not been certified by the Rhode Island Division of Taxation for at least two (2) years are required to post a bond in the amount of fifty thousand dollars (\$50,000) each year with surety to insure that all withholding and other taxes due to the state are paid.

Under penalties of perjury, I declare that I have examined this application and statements, and to the best of my knowledge and belief, it is true, accurate and complete. I also agree that all outstanding withholding taxes will be paid by certified check of money order before the issuance of a certificate.

Applicant signature	Print name	Title	Date