

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 DEPARTMENT OF REVENUE / DIVISION OF TAXATION
 ONE CAPITOL HILL, PROVIDENCE, RI 02908-5800

APPLICATION FEE: NEW \$500 RENEWAL \$250

APPLICATION FOR CERTIFICATION FOR EMPLOYEE LEASING COMPANIES AND/OR TEMPORARY HELP SERVICE COMPANY

Pursuant to Rhode Island general Laws 44-30-71.4, beginning July 1, 1992 and each July thereafter, every "employee leasing company" defined as any person or entity engaged in providing employees to another entity under a contract or leasing agreement shall, as a condition of doing business in this state, be certified by the division of Taxation that it has complied with the withholding provisions of Title 44 Chapter 30 and the provision relating to contributions under the Employment Security Act and Temporary Disabilities Act.

BUSINESS NAME		BUSINESS TELEPHONE NUMBER	
PRIMARY BUSINESS ADDRESS			
LOCATION(S) IN RHODE ISLAND			
MAILING ADDRESS			
PERSON(S) RESPONSIBLE FOR REMITTANCE OF WITHHOLDING TAXES			
NAME	TITLE	SSN	
LOCATION OF ACCOUNTING RECORDS			
IS BUSINESS REGISTERED IN RHODE ISLAND FOR WITHHOLDING TAXES		Y	N
EMPLOYER IDENTIFICATION NUMBER:		DEPT OF LABOR AND TRAINING REGISTRATION NO.	

HOW LONG HAVE YOU BEEN DOING BUSINESS IN RHODE ISLAND? _____

TYPE OF BUSINESS [] SOLE OWNER [] PARTNERSHIP [] CORPORATION [] OTHER _____

IF CORPORATION, LIST CORPORATE OFFICERS AND ADDRESSES; IF PARTNERSHIP, LIST PARTNER'S NAME AND ADDRESS; IF SOLE OWNER OR OTHER ENTITY, LIST NAME AND ADDRESSES OF PRINCIPALS:

NAME	TITLE	HOME 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? [] Y [] N

IF YES PLEASE LIST

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 IT 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 DIVISION OF TAXATION UPON REQUEST.

CERTIFICATION: I HEREBY AGREE AND DECLARE UNDER PENALTIES OF PERJURY THAT THIS APPLICATION IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TO BE TRUE, CORRECT AND COMPLETE. I ALSO AGREE THAT ALL OUTSTANDING WITHHOLDING TAXES WILL BE PAID BY CERTIFIED CHECK OR MONEY ORDER BEFORE THE ISSUANCE OF A CERTIFICATE

EMPLOYEE LEASING COMPANIES AND/OR TEMPORARY HELP SERVICE COMPANIES THAT HAVE NOT BEEN CERTIFIED BY THE DIVISION OF TAXATION FOR AT 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.

SIGNATURE _____ TITLE _____ DATE _____