



STATE OF NEW JERSEY

DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

DIVISION OF EMPLOYER ACCOUNTS

P.O. Box 913

TRENTON, NEW JERSEY 08625-0913

CHRIS CHRISTIE
GOVERNOR

KIM GUADAGNO
LIEUTENANT GOVERNOR

HAROLD J. WIRTHS
COMMISSIONER

**CERTIFICATION OF TIMELY PAYMENT OF
APPLICABLE FEDERAL & STATE PAYROLL TAXES
BY AN EMPLOYEE LEASING COMPANY (PEO)**

NAME OF PEO: _____

TAXPAYER ID #: _____

I hereby certify that all applicable Federal and State Payroll Taxes including, but not limited to, Federal Withholding, FICA, State Withholding, Unemployment, Disability, Workforce and Supplemental Workforce Development Fund Contributions, have been paid in full and on time for _____ for the above named Employee Leasing Company.
(Qtr.) (Year)

(Name & Address of Accounting Firm)

(Signature)

Telephone Number)

(Date)

FS-429

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DIVISION OF EMPLOYER ACCOUNTS – STATUS/EXPERIENCE RATING SECTION
(609) 633-6400 Ext. 2209 | FAX (609) 777-4926

NEW JERSEY DEPARTMENT OF



LABOR AND WORKFORCE DEVELOPMENT
n.j.gov/labor