PEO- RO (R-07-2014)

PRINT OR TYPE INFORMATION

ORIGINAL - RETURN THIS COPY TO

N. J. Department of Labor and Workforce Development - Division of Employer Accounts, PO Box 913, Trenton, NJ 08625-0913

Employee Leasing Company Reporting Option Selection

Select Reporting Option

☐ **Entity Level**
Effective Date: _____

☐ **Client Level**
Effective Date: _____

1. Leasing Company FEIN No.

0 - ☐☐☐ - ☐☐☐ - ☐☐☐ / ☐☐☐ - ☐☐

2. Name, Trade Name If Any, Mailing Address (Enter Exactly As On Form NJ-REG)

City | State | Zip Code

4. Who should we contact for information?

Name: _____

TELEPHONE (____) _____

5. Who is your accountant?

Name: _____

TELEPHONE (____) _____

6a. Total Number of NJ Client Companies: _____

6b. Total number of employees leased to client companies in New Jersey: _____

Signature: _____ *Title:* _____ *Date:* _____