

ORIGINAL - RETURN THIS COPY TO

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

Authorized Agent Registration

1. Authorized Agent FEIN No.

0 9 8 7 6 5 4 3 2 1 0 9 8 7 6 5 4 3 2 1 0 9 8 7 6 5 4 3 2 1 0

2. Name, Trade Name If Any, Permanent Mailing Address

City _____ State _____ Zip Code _____

3. Check form (X) of Organization

- Proprietorship
- Partnership
- Corporation
- LLC Limited Liability Company
- LLP Limited Liability Partnership
- Estate/Trust
- Limited Partnership
- Unincorporated Association
- Other _____

4. Who should we contact for information?

Name: _____

5. Date of First Representation of Clients in New Jersey:

Date: _____

6. Telephone Number:

For Business Entities Other Than Sole-Proprietors (Individuals) or Single Member LLC

7. Names of principals or others authorized to act on behalf of the authorized agent and/or to receive notice:

A. First Name: _____ Last Name: _____

B. Date Representative Began: _____

C. Local Address:

City _____ State _____ Zip Code _____

D. Local Telephone Number: _____

E. Address of Principal Business Location (If different from above):

City _____ State _____ Zip Code _____

F. Telephone Number of Principal Business Location (If different from above:) _____

Number 7 is continued on back

Signature _____ Title: _____ Date: _____ Phone No. _____

