



**PRINT OR TYPE INFORMATION**

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

**For Listing Additional Client Companies**

A. Client Company Name: \_\_\_\_\_

B. Client Company Address (Physical Location): \_\_\_\_\_

C. Client Company Tax Payer ID: 0 -    -    -    /    -

D. Client Company Economic Activity: \_\_\_\_\_

E. Effective Date of Leasing Agreement: \_\_\_\_\_ Duration of Leasing Agreement: \_\_\_\_\_

F. Will this client company continue to report wages/remuneration under its own taxpayer ID after the effective date of the leasing agreement?

Yes  No

If yes, calculate percentage of employees being leased and enter that percentage in line 'G'. If no, enter 100% in line 'G'.

G. Percentage of client company's work force being leased: \_\_\_\_\_ %

A. Client Company Name: \_\_\_\_\_

B. Client Company Address (Physical Location): \_\_\_\_\_

C. Client Company Tax Payer ID: 0 -    -    -    /    -

D. Client Company Economic Activity: \_\_\_\_\_

E. Effective Date of Leasing Agreement: \_\_\_\_\_ Duration of Leasing Agreement: \_\_\_\_\_

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B. Client Company Address (Physical Location): \_\_\_\_\_

C. Client Company Tax Payer ID: 0 -    -    -    /    -

D. Client Company Economic Activity: \_\_\_\_\_

E. Effective Date of Leasing Agreement: \_\_\_\_\_ Duration of Leasing Agreement: \_\_\_\_\_

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B. Client Company Address (Physical Location): \_\_\_\_\_

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