# RELATED EMPLOYER INFORMATION

Company Name: _____

Address: _____
Street

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ EID No: _____ (Federal)

Type of Entity: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation
☐ S Corporation ☐ Professional Service Corporation
☐ Limited Liability Company that is taxed as:
☐ S Corporation ☐ Corporation ☐ Partnership or Sole Proprietorship
☐ Other: _____

Tax Exempt: ☐ Corporation ☐ Association ☐ Trust ☐ Do you qualify as a 501 (c)(3) organization? ☐ Yes ☐ No

Date Business Commenced: _____ Fiscal Year-End: _____

Stockholder/Partners/ Members: Percent Owned:

_____ _____

_____ _____

_____ _____

_____ _____

Principal Business Activity: _____

Does this company have any Employees? ☐ Yes ☐ No If Yes, how many: _____

Submit by Email