



046800013

SECTION THREE - DISCLOSURES AND CERTIFICATION OF INFORMATION

Provide the name and contact information for the person who prepared this form for signature.

Form fields for preparer's name (First Name, Last Name), telephone, agent, and employee status.

Preparer's Signature: _____ Date [][] / [][] / [][]

Provide the name of the person who is the responsible party for registration of this entity. **Do not identify a third party Agent.**

Form fields for responsible party's name (First Name, Last Name), telephone, and title.

Responsible Party's Signature: _____ Date [][] / [][] / [][]

IMPORTANT: By signing this form, you are certifying that the information contained herein is true and accurate to the best of your knowledge and belief. You further affirm that you are a person of sufficient authority with regard to the named entity to file this document and to bind the business by the information provided including all required attachments and disclosures as indicated.

Mail completed forms to: IDWD - Employer Status Reports, 10 N Senate Ave Rm SE 202, Indianapolis, IN 46204-2277

Fax: (317) 233-2706, Questions: (800) 437-9136 (2), Handbook: www.in.gov/dwd