



Employer Account Demographics

Employer ID number: _____ Employer name: _____

Signature of reporting official: _____

Printed name _____

Title or position _____

Date form completed: _____

Contact Role: **Primary Reporting Official—MANDATORY SECTION**

Contact name: _____ Contact title: _____

Address line 1: _____

Address line 2: _____

City: _____ State: _____ Zip: _____

Primary phone: _____ Secondary phone: _____

E-mail address: _____

Additional Contacts

Contact Role: Accounting Administration Human Resources
 Information Technology Legal Payroll Other

Contact name: _____ Contact title: _____

Address line 1: _____

Address line 2: _____

City: _____ State: _____ Zip: _____

Primary phone: _____ Secondary phone: _____

E-mail address: _____

Contact Role: Accounting Administration Human Resources
 Information Technology Legal Payroll Other

Contact name: _____ Contact title: _____

Address line 1: _____

Address line 2: _____

City: _____ State: _____ Zip: _____

Primary phone: _____ Secondary phone: _____

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