



## Employer Account / Reporting Official 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: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Fax number: \_\_\_\_\_

e-mail address: \_\_\_\_\_

### Additional Contacts

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

**Employer Self Service Access**     Yes     No

Contact name: \_\_\_\_\_ Contact title: \_\_\_\_\_

Address line 1: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Fax number: \_\_\_\_\_

e-mail address: \_\_\_\_\_

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

**Employer Self Service Access**     Yes     No

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