

EMPLOYER GROUP INFORMATION REQUEST

Group Number _____

Group Name _____

Employer Group Tax Identification (EIN) Number

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Number of Employees	2008	2009
1 st Quarter		
2 nd Quarter		
3 rd Quarter		
4 th Quarter		

This information can be found on your quarterly 941 tax filings.

Current Number of Employees on Payroll: _____

The number of employees should include full time employees, part time employees, employees working in out-of-state locations, union employees covered under a separate health insurance contract, etc.

Please check any of the following statements that apply to your business:

- You and/or the same group of investors own multiple franchises or businesses.
 - List the total number of employees at all locations. _____
- Your business is under common control or ownership with another business.
 - List total number of employees at all businesses under the common control. _____
- Your business shares a Tax ID or files taxes with another business.

If you are a member of an Association, please check all of the following statements that apply:

- Has at least one member firm with 20 or more full or part time employees for 20 or more weeks during the **2008** calendar year.
- You have applied for the Small Employer Exception Request (SEE) for any firm that has less than 20 full or part time employees. Please attach a copy of the documentation submitted to CMS.
- Has had one member firm with 100 or more full or part time employees on their payroll for 50 percent of their regular business days during the previous calendar year.

Please note any changes below to the Employer Group Address and Contact Information (including email address):

Printed Name of Person Completing Form

Phone Number

Title of Person Completing the Form

Date Form Completed