

APPLICATION FOR CERTIFICATION AS AN EMPLOYEE-LEASING COMPANY

Unemployment Insurance Account Number	Federal Employer Identification Number
If you do not have an unemployment insurance (UI) account number, you must attach a completed Form CR 0100, Colorado Business Registration, when you return this application. Go to www.coworkforce.com/UIT , click on UI Business Forms , and select Form CR 0100, Colorado Business Registration.	
Employer Name (Legal Business Name)	
Trade Name (Doing Business As)	
Business Address (include city, state, and ZIP code)	
Colorado Business Address (if different from above)	
If you have more than one Colorado business address, provide any additional addresses on another sheet of paper and attach.	
Contact Name	Title
Contact Telephone Number	Contact E-mail Address

Provide the requested information for all owners and/or officers of a corporation. (Attach additional sheets of paper as necessary.)

Name	Title	Percent of Ownership or Interest

What percentage of your business is devoted to employee leasing? _____

How many work-site employers are contracted with your employee-leasing company? _____

Do you specialize in providing employee-leasing services for any specific business or industry? Yes No

If **Yes**, specify the types of business or industry _____

Are you currently using any work-site employer's UI account number for tax and wage reporting purposes? Yes No

If **Yes**, in accordance with the Colorado Employment Security Act 8-70-114 (2)(a)(VII), the employee-leasing company is the only employing unit for the work-site employees and has the responsibility to pay all UI taxes from their own accounts and provide all required reports. If a **work-site employer** is not considered the employing unit for any other employees, the work-site employer must complete Form UITL-2, Employer Change Request, to close the existing UI account that you are using to report tax and wage information for the work-site employees.

Provide the work-site employer names and UI account numbers. (Attach additional sheets of paper as necessary.)

Are the owners or officers of any work-site employer also employees of your employee-leasing company? Yes No

Do you share ownership or interest with any work-site employers? Yes No If **Yes**, provide the work-site employer names and your percentage of ownership or interest. (Attach additional sheets of paper as necessary.)

Do your employee-leasing company and any work-site employer have common officers of a corporation? Yes No

If **Yes**, provide the work-site employer names and officer names and titles. (Attach additional sheets of paper as necessary.)

Are your employee-leasing company and any of the work-site employers operated in whole or in part by related family members of either the employee-leasing company or work-site employers? Yes No

If **Yes**, provide the names and job titles of the family members and the name of the business the family member operates.

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To obtain certification as an employee-leasing company conducting business in Colorado, you must provide evidence of your ability to pay UI taxes from your own accounts for all work-site employees. You must select **one** of the following method by which you will provide this securitization to the UI Program:

- Execute and file a surety bond, letter of credit, or cash escrow equal to 50 percent of the total UI taxes assessed during the previous calendar year. The initial security amount for a new employee-leasing company is equal to the standard UI tax rate (.0170) multiplied by 50 percent of its projected taxable payroll for the current calendar year as estimated by the employee-leasing company.

NOTE: Before the security amount can be determined, you must complete and return the enclosed Form UITL-39, Coemployer Annual Report and Certification, **and** a list of work-site employers and work-site employees. Upon review of these documents, the UI Program will send you Form UITL-73, Employee Leasing Company's Election to Submit Security, for your completion and return with the required security.

- Provide the most recent independently audited financial statement prepared by a certified public accountant, which demonstrates that you have an accounting working capital of not less than \$100,000. The financial statement must be no older than 13 months.

NOTE: If you select this option, you must include the required independently audited financial statement when you return your completed application.

- Receive and provide an annual accreditation by a qualified, bonded, and independent assurance organization as approved by the Colorado Department of Labor and Employment.

NOTE: If you select this option, your accreditation as an employee-leasing company (signed by you and the assurance organization) must be received along with your completed application. The accreditation must provide certification of compliance with all applicable laws and regulations of CESA and the Regulations Concerning Employment Security.

Payment of a nonrefundable fee of \$500 must accompany this completed application. Make your check payable to the Colorado State Treasurer, and, if applicable, include your employer account number on your check. Do not send cash.

I acknowledge that I have read and understood the rights, requirements, and responsibilities set forth for employee-leasing companies and work-site employers under CESA 8-70-114 and 8-76-104 (8).	
I certify that the information provided as part of this application is true, correct, and complete to the best of my knowledge.	
Name of Owner, Partner, or Corporate Officer	Title
Signature	Date

EMPLOYEE-LEASING COMPANY ANNUAL REPORT AND CERTIFICATION

This report must be completed and signed by the employee-leasing company and an independent counsel. Send the completed and signed report to Unemployment Insurance (UI) Operations at the above address.

Employer Account Number			
Owner, Partners, or Corporate Name		Trade Name (Doing Business As)	
In Care of Name		Street Address	
City	State	ZIP Code	Business Telephone Number

Complete the form after determining whether all of the following three conditions apply to your business or a portion of your business.

- A. You provide services to a work-site employer under a written contract that gives you certain rights and responsibilities for specified employees of that work-site employer; and
- B. With regard to such rights and responsibilities, you are given the right to direct and control specified employees, with the intent to assign such employees on a long-term basis to a work-site employer and not reassign the employees to a series of limited-term assignments.

Such rights include, but are not limited to:

- Setting the employees rate of pay.
- Paying the employees from your own account or from the work-site employer’s account.
- Discharging, reassigning, or hiring employees for the work-site employer and yourself.
- Providing programs such as professional guidance, which include employment training, safety, and compliance matters.

Such responsibilities include, but are not limited to:

- Paying wages to the employees, and reporting, withholding, and paying any applicable taxes with respect to the employee’s wages.
- Maintaining employee’s records.

Such rights and responsibilities that may be shared with the work-site employer include, but are not limited to:

- Directing and controlling the employees.
- Addressing employee complaints, claims, or requests, except as provided by a collective-bargaining agreement.
- Providing workers’ compensation insurance coverage and UI coverage.

- C. The specified employees must know of and consent to the staffing contract.

1. Check the box that describes your business activity and follow the respective instructions.

<input type="checkbox"/>	I meet the above three conditions and report and pay Colorado UI taxes on the work-site employees under my employer account number. You must sign below and return this completed form (independent counsel signature is required). You are required to provide work-site employer and employee information (refer to the enclosed Form UITL-72, Report of Work-Site Employers and Employees, for further instruction).
<input type="checkbox"/>	I meet the above three conditions and report and pay the Colorado UI taxes on the work-site employees under each work-site employer’s account number. You must sign below and return this completed form (independent counsel signature is required). You are responsible for submitting tax and wages reports under your own account beginning with the wages paid to work-site employees on and after January 1, 2009. You are required to provide work-site employer and employee information (refer to the enclosed Form UITL-72, Report of Work-Site Employers and Employees, for further instruction).
<input type="checkbox"/>	I do not meet the above three conditions at the present time. (Please check the appropriate box.) I am currently: <input type="checkbox"/> a management company; <input type="checkbox"/> a temporary-help contracting firm; <input type="checkbox"/> other _____. You must sign below and return this form to the above address (independent counsel signature is not required).

The above employer is authorized to sponsor health-coverage plans and may provide the insurance carrier with the certification stating that all of the specified law requirements to be considered an employer or coemployer under the provisions of CESA 8-70-114 (2) have been met.

I certify that the above employer is in compliance with the rights and responsibilities set forth in CESA 8-70-114 (2)(e).		
Independent Counsel Name (Printed)	Independent Counsel Signature	Date
Coemployer Name (Printed)	Coemployer Signature	Date
Work-Site Employer Name (Printed)	Employer Signature	Date

REPORT OF WORK-SITE EMPLOYERS AND EMPLOYEES

As an employee-leasing company, you must provide all requested information for work-site employers and employees. This page may be photocopied and attached for additional work-site employers. A computer-generated report is also acceptable and may be submitted in place of this page.

In addition to the information requested below, you must also provide the names, social security numbers, and wages earned for **all** work-site employees who performed work during the calendar quarters listed below. If the total number of work-site employees for **all** work-site employers exceeds 100, you must submit the employee list, on an Excel spreadsheet or other UI Program-approved format, via compact disc (CD) with your application. Call one of the above telephone numbers to request approval to submit the list using an alternate format. If there are 100 or fewer work-site employees, you may provide the employee list on a CD or paper report.

Name of Employee-Leasing Company	Unemployment Insurance Account Number
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Work-Site Employer Unemployment Insurance Account Number	Work-Site Employer Federal Employer Identification Number
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Owner, Partners, or Corporate Name

Trade Name (Doing Business As)	Telephone Number
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Work-Site Address (include city, state, and ZIP code)

If there is more than one Colorado work-site address, provide any additional addresses on another sheet of paper and attach.

Provide the effective date and ending date of the written contract with the work-site employer

Effective Date	Ending Date
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Provide the total taxable wages paid for all work-site employees during the quarters listed below.

First Calendar Quarter 2007	Second Calendar Quarter 2007	Third Calendar Quarter 2007
Fourth Calendar Quarter 2007	First Calendar Quarter 2008	Second Calendar Quarter 2008

Provide the total UI taxes assessed for the quarters listed below.

First Calendar Quarter 2007	Second Calendar Quarter 2007	Third Calendar Quarter 2007
Fourth Calendar Quarter 2007	First Calendar Quarter 2008	Second Calendar Quarter 2008

Work-Site Employer Unemployment Insurance Account Number	Federal Employer Identification Number	Number of Employees
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Owner, Partners, or Corporate Name

Trade Name (Doing Business As)	Telephone Number
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Work-Site Address (include city, state, and ZIP code)

If there is more than one Colorado work-site address, provide any additional addresses on another sheet of paper and attach.

Provide the effective date and ending date of the written contract with the work-site employer

Effective Date	Ending Date
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Provide the total taxable wages paid for all work-site employees during the quarters listed below.

First Calendar Quarter 2007	Second Calendar Quarter 2007	Third Calendar Quarter 2007
Fourth Calendar Quarter 2007	First Calendar Quarter 2008	Second Calendar Quarter 2008

Provide the total UI taxes assessed for the quarters listed below.

First Calendar Quarter 2007	Second Calendar Quarter 2007	Third Calendar Quarter 2007
Fourth Calendar Quarter 2007	First Calendar Quarter 2008	Second Calendar Quarter 2008