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RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF TALENT AND ECONOMIC DEVELOPMENT
TALENT INVESTMENT AGENCY
UNEMPLOYMENT INSURANCE

ROGER CURTIS
DIRECTOR
WANDA M. STOKES
DIRECTOR

RESET FORM

Status Questionnaire for Employee Leasing Companies (ELC)

This form is used to determine compliance with Unemployment Insurance's Administrative Rule 190 on employee leasing. This form is to be completed upon request of Unemployment Insurance (UI) by ELCs doing business within the State of Michigan. In addition to completing this form, ELCs are required to attach a client list, with the full name, address and telephone number of each of their clients, and a sample of a standard leasing contract which is signed by both parties.

Employee Leasing Company Name and Address:	Federal Employer Identification Number (FEIN):

Do you specialize in any particular business or industry?.....Yes ☐ No ☐

If "Yes," indicate type of business or industry:_____

How many Client Companies do you have? (Attach Client List) _____

List all owners/officers/members of the leasing company *(Attach additional sheet, if necessary)*_____

Name	Title	Percent of Ownership (if any). Total combined must equal 100%

1. A. Does your leasing company have any common ownership interests with any of your client companies? .....Yes ☐ No ☐

   B. Does your leasing company have any common officers with any of your client companies?. ..Yes ☐ No ☐

   C. Is your leasing company and/or any of the client companies operated in whole or in part by family members of either the leasing or client companies?.....Yes ☐ No ☐

If your answer is "Yes" to any of the above questions, complete Schedule A for each applicable client company.

2. Are the owners/officers of your client companies employees of your leasing company?.....Yes ☐ No ☐
   Please explain your standard leasing policy regarding the leasing of owners/officers and note any exceptions. [Attach additional sheet(s), if necessary].

Account #:

3. List any client companies providing other services to your leasing company. You must include the name of the company and the type of service performed (for example: accounting, bookkeeping, payroll, management, financial, legal or consulting services provided by the client to your leasing company.)

4. Is your leasing company advertised or listed in the telephone directory or other type of business directories as a leasing company and available to the public in general?.....Yes ☐ No ☐
If "Yes," attach a sample . If "No," explain.

5. Does your leasing company administer all payroll and all benefit services for the client entity, pay the wages of the workers, and have the right, both by contract and in fact,to hire, promote, reassign, discipline and terminate the leased workers?.....Yes ☐ No ☐
If "No," explain:

6. Does the leasing company retain the right to exercise direction and control over the daily activities of the client workers? .....Yes ☐ No ☐
If "Yes," are those rights delegated to the client company? .....Yes ☐ No ☐
If "No," explain:

7. Does your leasing company or any individual owner, officer, member or other employee of the leasing company retain any right, directly or indirectly, to control the client entity? .....Yes ☐ No ☐
If "Yes," explain:

8. Does your leasing company provide only payroll services for the client entities and provide no other service? .....Yes ☐ No ☐
If "No," explain:

9. Common Paymaster is an arrangement (as further defined in Administrative Rule 190) under which an employee works for two or more related companies and the payroll for that employee is reported by one of the companies. Does your leasing company provide payroll services strictly for the purpose of acting as a common paymaster for federal tax reporting purposes?.....Yes ☐ No ☐
If "No," explain:

CERTIFICATION

I hereby certify that the statements made above are true and complete to the best of my knowledge and belief.

Print Name _____ Title _____

Signature _____ Date _____

Telephone Number _____

Attach any additional information or documents to be considered regarding this matter.