

## LEASING EMPLOYER CLIENT STATUS REPORT

### IDENTIFICATION SECTION

1. ACCOUNT NUMBER ASSIGNED BY DWS	2. PEO FEDERAL EMPLOYER I.D. NUMBER
3. TYPE OF OWNERSHIP OF CLIENT (CHECK ONE)	
3. <input type="checkbox"/> Individual (Sole Proprietor)	4. <input type="checkbox"/> Professional Association
8. <input type="checkbox"/> Political Subdivision	9. <input type="checkbox"/> Trust
1. <input type="checkbox"/> Corporation	1a. <input type="checkbox"/> LLC
5. <input type="checkbox"/> Limited Partnership	6. <input type="checkbox"/> Estate
10. <input type="checkbox"/> Leasing (PEO)	2. <input type="checkbox"/> Partnership
	7. <input type="checkbox"/> State Agency

IF THE TYPE OF CLIENT BUSINESS IS A CORPORATION/LLC ENTER THE CORPORATE NAME IN ITEM 4 BELOW.

4. CLIENT NAME	5. PEO MAILING ADDRESS		
PEO CITY	PEO STATE	PEO ZIP CODE	PEO PHONE NUMBER (    )

6. ENTER THE REQUIRED PEO INFORMATION.

PEO NAME	PEO MAILING ADDRESS		
PEO CONTACT PERSON	PEO STATE	PEO ZIP CODE	PEO PHONE NUMBER (    )

If the type of CLIENT ownership is an individual or partnership, enter the name(s) and social security number(s) as applicable below, or if the type of CLIENT ownership is a corporation/LLC, complete the information for two officers. Do not list Board Members or Directors.

7. Client Owners Or Corporate Officers <small>Attach Additional Sheet If Necessary</small>	NAME	SOCIAL SECURITY NUMBER	TITLE	RESIDENCE ADDRESS, CITY, STATE, ZIP
8. Client Business <b>PHYSICAL LOCATION</b> In Arkansas <b>REQUIRED</b> <small>Attach Additional Sheet If Necessary</small>	CLIENT TRADE NAME	CLIENT PHYSICAL ADDRESS		CLIENT COUNTY
		CLIENT CITY/ZIP		No. of Employees
		PHONE NUMBER (    )		

9. IF YOUR BUSINESS IS A CORPORATION/LLC, ENTER: ▶▶	ORIGINAL CORPORATE NAME, IF DIFFERENT THAN ABOVE			
10. IF THE CLIENT IN ARKANSAS WISHES TO REPORT A PORTION OF THE WAGES HIMSELF ENTER: ▶▶	CLIENT'S PREVIOUS OWNER'S ACCOUNT NUMBER (IF KNOWN)	DATE CLIENT SIGNED WITH PEO: ▶▶	MONTH	DAY
	CLIENT'S FEDERAL IDENTIFICATION NUMBER			
	WHAT PORTION OF THE CLIENT'S BUSINESS WAS ACQUIRED? (CHECK ONE) <input type="checkbox"/> ALL. <input type="checkbox"/> PART (SPECIFY PERCENTAGE) _____			

### EMPLOYMENT SECTION

11. ENTER THE DATE YOU FIRST GENERATED PAYROLL FOR THIS CLIENT IN ARKANSAS ▶▶	MONTH	DAY	YEAR
12. IF THE CLIENT ACCOUNT HAS BEEN INACTIVE:	ENTER THE DATE THE CLIENT RESUMED EMPLOYING SOMEONE IN ARKANSAS. ▶▶		
13. IT DOES NOT APPLY TO A PEO IF THE CLIENT IS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE OF 1954 SECTION 501(C)(3).			

### DOMESTIC - HOUSEHOLD EMPLOYMENT SECTION

**Complete 14 only if you have domestic or household employees (Includes maids, cooks, chauffers, sitters, etc.)**

14. ENTER THE ENDING DATE OF THE FIRST CALENDAR QUARTER IN WHICH THE CLIENT PAID GROSS WAGES OF \$1,000 OR MORE TO EMPLOYEES PERFORMING DOMESTIC SERVICE: ▶▶	MONTH	DAY	YEAR
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### PEO REPORTING SECTION

DWS ENCOURAGES **ALL EMPLOYERS** TO REGISTER AND FILE ONLINE AT: [www.ar-tax.org](http://www.ar-tax.org)

**AGRICULTURE EMPLOYMENT SECTION**

15. IS THE CLIENT AN AGRICULTURAL EMPLOYER? (FARM OR RANCH).....  YES  NO

16. ENTER THE ENDING DATE OF THE TWENTIETH WEEK IN WHICH YOU HAD AT LEAST TEN EMPLOYEES IN ARKANSAS PERFORMING AGRICULTURAL LABOR: ▶▶

	MONTH	DAY	YEAR
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17. ENTER THE ENDING DATE OF THE FIRST CALENDAR QUARTER IN WHICH TOTAL WAGES OF \$20,000.00 OR MORE WERE PAID FOR AGRICULTURAL LABOR: ▶▶

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**VOLUNTARY ELECTION SECTION**

18. IF YOUR CLIENT IS NOT LIABLE UNDER A COMPULSORY PROVISION OF THE DEPARTMENT OF WORKFORCE SERVICES LAW, AND WISHES TO VOLUNTARILY ELECT COVERAGE FOR THEIR EMPLOYEES; CHECK HERE  AND ENTER THE YEAR YOU WISH LIABILITY TO BEGIN: \_\_\_\_\_

AT THE END OF TWO (2) YEARS FROM THIS DATE, OR AT THE END OF ANY SUBSEQUENT CALENDAR YEAR, YOU MAY WITHDRAW THIS ELECTION BY FILING A WRITTEN REQUEST.

**YOU WILL BE NOTIFIED OF THIS DETERMINATION IN WRITING.**

**NATURE OF CLIENT'S BUSINESS SECTION**

19. DESCRIBE FULLY THE NATURE OF THE CLIENT'S BUSINESS IN ARKANSAS AND LIST THE PRINCIPAL PRODUCTS IN ORDER OF IMPORTANCE: ▶▶

<p><b>CODE    SHORT TITLE</b></p> <p><b>11 Agricultural, Forestry, and Hunting</b></p> <p>111 - Crops Production</p> <p>112 - Animal Production</p> <p>113 - Forestry and Logging</p> <p>114 - Fish, Hunting, and Trapping</p> <p>115 - Support Services for Agriculture and Forestry</p> <p><b>21 Mining</b></p> <p>211 - Oil and Gas Extraction</p> <p>212 - Mining (except Oil and Gas)</p> <p><b>22 Utilities</b></p> <p>221 - Utilities</p> <p><b>23 Construction</b></p> <p>236 - Construction of Buildings</p> <p>237 - Heavy and Civil Engineering Construction</p> <p>238 - Specialty Trade Contractors</p> <p><b>31-33 Manufacturing</b></p> <p>311 - Food Manufacturing</p> <p>312 - Beverage and Tobacco Product Manufacturing</p> <p>313 - Textile Mills</p> <p>314 - Textile Product Mills</p> <p>315 - Apparel Manufacturing</p> <p>316 - Leather and Allied Product Manufacturing</p> <p>321 - Wood Product Manufacturing</p> <p>322 - Paper Manufacturing</p> <p>323 - Printing and Related Support Activities</p> <p>324 - Petroleum and Coal Products Manufacturing</p> <p>325 - Chemical Manufacturing</p> <p>326 - Plastics and Rubber Products Manufacturing</p> <p>327 - Nonmetallic Mineral Product Manufacturing</p> <p>331 - Primary Metal Manufacturing</p> <p>332 - Fabricated Metal Product Manufacturing</p> <p>333 - Machinery Manufacturing</p> <p>334 - Computer and Electronic Product Manufacturing</p> <p>335 - Electrical Equipment, Appliance, and Component Manufacturing</p> <p>336 - Transportation Equipment Manufacturing</p> <p>337 - Furniture and Related Product Manufacturing</p> <p>339 - Miscellaneous Manufacturing</p> <p><b>42 Wholesale Trade</b></p> <p>423 - Merchant Wholesalers, Durable Goods</p> <p>424 - Merchant Wholesalers, Nondurable Goods</p> <p>425 - Wholesale Electronic Markets and Agents and Broker</p> <p><b>44-45 Retail Trade</b></p>	<p><b>CODE    SHORT TITLE</b></p> <p>441 - Motor Vehicle and Parts Dealers</p> <p>442 - Furniture and Home Furnishings Stores</p> <p>443 - Electronic and Appliance Stores</p> <p>444 - Building Material and Garden Equipment and Supplies Dealers</p> <p>445 - Food and Beverage Stores</p> <p>446 - Health and Personal Care Stores</p> <p>447 - Gasoline Stations</p> <p>448 - Clothing and Clothing Accessories Stores</p> <p>451 - Sporting Goods, Hobby, Book, and Music Stores</p> <p>452 - General Merchandise Stores</p> <p>453 - Miscellaneous Store Retailers</p> <p>454 - Nonstore Retailers</p> <p><b>48-49 Transportation and Warehousing</b></p> <p>481 - Air Transportation</p> <p>482 - Rail Transportation</p> <p>483 - Water Transportation</p> <p>484 - Truck Transportation</p> <p>485 - Transit and Ground Passenger Transportation</p> <p>486 - Pipeline Transportation</p> <p>487 - Scenic and Sightseeing Transportation</p> <p>488 - Support Activities for Transportation</p> <p>491 - Postal Service</p> <p>492 - Couriers and Messengers</p> <p>493 - Warehousing and Storage</p> <p><b>51 Information</b></p> <p>511 - Publishing Industries (except internet)</p> <p>512 - Motion Picture and Sound Recording Industries</p> <p>515 - Broadcasting (except internet)</p> <p>516 - Internet Publishing and Broadcasting</p> <p>517 - Telecommunications</p> <p>518 - Internet Service Providers, Web Search Portals, and Data Processing Services</p> <p>519 - Other Information Services</p> <p><b>52 Finance and Insurance</b></p> <p>521 - Monetary Authorities - Central Bank</p> <p>522 - Credit Intermediation and Related Activities</p> <p>523 - Securities, Commodity Contracts, and Other Financial Investments and Related Activities</p> <p>524 - Insurance Carriers and Related Activities</p> <p>525 - Funds, Trusts, and Other Financial Vehicles</p> <p><b>53 Real Estate and Rental and Leasing</b></p> <p>531 - Real Estate</p> <p>532 - Rental and Leasing Services</p>	<p><b>CODE    SHORT TITLE</b></p> <p>533 - Lessors of Nonfinancial Intangible Assets (except Copyrighted Works)</p> <p><b>54 Professional, Scientific, and Technical Services</b></p> <p>541 - Professional, Scientific, and Technical Services</p> <p><b>55 Management of Companies and Enterprises</b></p> <p>551 - Management of Companies and Enterprises</p> <p><b>56 Administrative and Support and Waste Management and Remediation Services</b></p> <p>561 - Administrative Support Services</p> <p>562 - Waste Management and Remediation Services</p> <p><b>61 Educational Services</b></p> <p>611 - Educational Services</p> <p><b>62 Health Care and Social Assistance</b></p> <p>621 - Ambulatory Health Care Services</p> <p>622 - Hospitals</p> <p>623 - Nursing and Residential Care Facilities</p> <p>624 - Social Assistance</p> <p><b>71 Arts, Entertainment, and Recreation</b></p> <p>711 - Performing Arts, Spectator Sports, and Related Industries</p> <p>712 - Museums, Historical Sites, and Similar Institutions</p> <p>713 - Amusement, Gambling, and Recreational Industries</p> <p><b>72 Accommodation and Food Services</b></p> <p>721 - Accommodation</p> <p>722 - Food Services and Drinking Places</p> <p><b>81 Other Services (except Public Administration)</b></p> <p>811 - Repair and Maintenance</p> <p>812 - Personal and Laundry Services</p> <p>813 - Religious, Grantmaking, Civic, Professional, and Similar Organizations</p> <p>814 - Private Household</p> <p><b>92 Public Administration</b></p> <p>921 - Executive, Legislative, and Other General Government Support</p> <p>922 - Justice, Public Order, and Safety Activities</p> <p>923 - Administration of Human Resource Programs</p> <p>924 - Administration of Environmental Quality Programs</p> <p>925 - Administration of Housing Programs, Urban Planning and Community Development</p> <p>926 - Administration of Economic Programs</p> <p>927 - Space Research and Technology</p> <p>928 - National Security and International Affairs</p>
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<b>AGENCY USE ONLY</b>	NAICS CODE:	BLS OWN CODE:	AUX CODE:	COUNTY CODES: STATUS    BLS	SEASON CODE	Type Reimbursable _____ Origination Code _____
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**PEO SIGNATURE SECTION**

20. I HEREBY CERTIFY THAT THE PRECEDING INFORMATION IS TRUE AND CORRECT, AND THAT I AM AUTHORIZED TO EXECUTE THIS STATUS REPORT ON BEHALF OF THE EMPLOYING UNIT NAMED HEREIN. (THIS REPORT MUST BE SIGNED BY THE PEO OWNER, OFFICER, PARTNER OR INDIVIDUAL FOR WHOM A VALID POWER OF ATTORNEY IS ON FILE. IF APPLICABLE, PLEASE ATTACH COPY OF POWER OF ATTORNEY.)

SIGNED BY:	TITLE:
E-MAIL ADDRESS:	TELEPHONE:
	FAX NO.:
	DATE:

**Please fax or mail DWS-ARK-201PEO form with Power of Attorney to ATTN.: PEO CONTACT.**