



NEW STATE REQUEST FORM

Company Name and Number: _____

Requested by: _____

Date of request: _____

State Requested: _____

Withholding: Yes No

Unemployment: Yes No

Name of members/owners (attach another sheet if needed): _____

SS# of members/owners (attach another sheet if needed): _____

Date of Incorporation: _____

First date EE was paid (in state applying for): _____

Business Activity: _____