TX-36

STATE OF RHODE ISLAND

DIVISION OF TAXATION EMPLOYER TAX SECTION

ONE CAPITOL HILL STE 36, PROVIDENCE, RI 02908 - 5829

Phone: (401) 574-8700 (Option 1)

EMPLOYER'S ELECTION TO COVER MULTI-STATE WORKERS UNDER THE RHODE ISLAND EMPLOYMENT SECURITY LAW

Employer's Firm Name _____ **Rhode Island Registration No.** _____

Address _____

The above employer hereby elects, subject to approval by the unemployment compensation agencies involved, to cover certain individuals customarily employed by him on work in more than one jurisdiction named below (and on the attached sheet), under the Employment Security Law of Rhode Island.

1. The employer accordingly requests the Employer Tax Section to enter into a reciprocal coverage arrangement to that effect, with each of the following other "interest jurisdictions" (in which the individuals named under Item 2 may do some work for the employer, and under whose unemployment compensation laws they might otherwise be covered):

To Employer: Submit 2 signed	**(a)**_____	**(d)**_____	**(g)**_____
copies for each jurisdiction	**(b)**_____	**(e)**_____	**(h)**_____
you list here, plus 2 more,	**(c)**_____	**(f)**_____	**(I)**_____

sending all to: **DIVISION OF TAXATION EMPLOYER TAX SECTION, ONE CAPITOL HILL STE 36, PROVIDENCE, RI 02908 - 5829**

2. List of workers covered by this election:

Name Soc.Sec. No.

_____

_____

_____

3. Nature of employer's business

_____

4. The employer has a place of business in the following states

_____

5. Nature of work to be performed by the individual listed.

_____

Basis for election in Rhode Island**(A)**Does some work there, **(B)**Has his residence there, **(C)**Related to a place of business there.

6. Employer's reason for requesting coverage in Rhode Island

_____

7. The employer requests that election become effective as of the beginning of a calendar quarter, namely as of _____

8. This election, if approved, shall remain operative, as to the individuals listed herewith, until terminated in accordance with the current applicable regulation of the Rhode Island Employer Tax Section.

9. The employer hereby agrees to give each individual covered by this election a notice thereof, promptly after its approval on this form, to be supplied by the Rhode Island Employer Tax Section and to file copies thereof with said agency.

10. To prevent this election from denying unemployment compensation coverage to workers not listed hereon, the employer hereby agrees with each interested jurisdiction approving this election that it may count the workers covered by this election, and their wages, as if this election did not apply, for the purpose of determining whether the employer is covered by the law of such jurisdiction and whether any other workers employed by him are covered by said law.

Signed, for this Employer,
by_____Date_____Title_____

APPROVAL by Rhode Island Employer Tax Section

The foregoing election is hereby approved, in accordance with applicable regulation, as submitted by the electing employer.

APPROVED for the Rhode Island Employer Tax Section

Date_____By_____

APPROVAL by the Interested Jurisdiction of the foregoing election is similarly approved.

Name of Agency: _____

By:_____

Date_____Title_____