



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
P.O. Box 59, Jefferson City, MO 65104 Fax 573-751-3900

COMMON PAYMASTER APPLICATION

REPORTING CORPORATION Name, Address & Mo. Emp. Acct. No.	RELATED CORPORATION Name, Address & Mo. Emp. Acct. No.	RELATED CORPORATION Name, Address & Mo. Emp. Acct. No.
LIST CORPORATE OFFICERS	LIST CORPORATE OFFICERS	LIST CORPORATE OFFICERS
LIST BOARD OF DIRECTORS	LIST BOARD OF DIRECTORS	LIST BOARD OF DIRECTORS
LIST ALL MO. BUSINESS LOCATIONS	LIST ALL MO. BUSINESS LOCATIONS	LIST ALL MO. BUSINESS LOCATIONS
(Attach additional copies if necessary)`	TOTAL NO. OF WORKERS IN MO.	TOTAL NO. OF WORKERS IN MO.
	TOTAL NO. OF *CONCURRENT EMPLOYED WORKERS IN MO.	TOTAL NO. OF *CONCURRENT EMPLOYED WORKERS IN MO.
<p>Indicate date common paymaster started Month Day Year</p> <p>Indicate below which definition of "related" corporation applies and provide required information, in accordance with Section 288.090 of Missouri Employment Security Laws.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>A. Parent corporation owns _____% of total voting stock of all participating corporations.</p> </div> <div style="width: 45%;"> <p>B. Five (5) or less persons, estates or trust own 50% or more of the total combined voting power or value of shares in all participating corporations. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> </div> </div> <p>I certify that the information supplied on this form is true and correct to the best of my knowledge and understanding.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____ Signature</p> <p>_____ Date</p> </div> <div style="width: 45%;"> <p>_____ Title</p> <p>_____(_____)_____ Telephone Number</p> </div> </div>		