



MISSOURI DEPARTMENT OF LABOR
AND INDUSTRIAL RELATIONS
DIVISION OF EMPLOYMENT SECURITY
QUARTERLY CLIENT LIST

Lessor Employing Unit Name	Lessor Employing Unit Contact Person
Lessor Employing Unit Account Number	Lessor Employing Unit Phone Number
Financially Guarantee Payment <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Completed or Reviewed

Client's Federal ID Number, Legal Name & Mailing Address	Client's Nature of Business	Client's Address of Physical Worksite(s)	Client's Name & Phone Number of Contact Person	Agreement Dates
				Effective Ceased If ceased, is client still in business? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Effective Ceased If ceased, is client still in business? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Effective Ceased If ceased, is client still in business? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Effective Ceased If ceased, is client still in business? <input type="checkbox"/> Yes <input type="checkbox"/> No

Missouri Regulation 8 CSR 10-4.160 requires this form be submitted each quarter.

**FAX OR MAIL TO: LIABILITY UNIT, DIVISION OF EMPLOYMENT SECURITY, PO BOX 59, JEFFERSON CITY, MO 65104-0059-FAX 573-751-7483
ATTACH CONTRACT FOR NEW CLIENT.**

IMPORTANT: *If needed, call 573-751-3340 for assistance in the translation and understanding of the information in this document.*

¡IMPORTANTE! *Si es necesario, llame al 573-751-3340 para asistencia en la traducción y entendimiento de la información en este documento.*

Missouri Division of Employment Security is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TDD/TTY: 800-735-2966 Relay Missouri: 711