



# Proof of Eligibility Form

For Small Employer (2-50) Sole Proprietors, Partners or Corporate Officers

(To be used for eligible employees that are not reported on a quarterly wage and tax form)

Full Name (First, MI, Last)	Phone No.
Title	Percentage of Ownership in Firm
Company Name	
Address	City / State / Zip code

(Anyone eligible must appear on the below documents)

Please check one of the following:

**In order to satisfy the Small Employer Requirements for Proof of Eligibility, the following most recent documents are required:**

**Sole Proprietor**

<input type="checkbox"/> <ul style="list-style-type: none"> <li>▶ Sole Proprietor</li> <li>▶ Franchise</li> <li>▶ Limited Liability Company operating as a sole proprietor or single member LLC</li> </ul>	<b>Submit all applicable:</b>	<b>Must Submit one of the following:</b>
	<ul style="list-style-type: none"> <li>▶ Filed Assumed Name Certificate (Fictitious Name or DBA)</li> <li>▶ Filed Certificate of Organization (only required for LLC)</li> <li>▶ Filed Business License</li> </ul>	<ul style="list-style-type: none"> <li>▶ IRS Form 1040 C or 1040 F</li> <li>▶ IRS Form 1040 SE</li> <li>▶ IRS Form 1040 ES (estimated tax)</li> </ul>

**Partner**

<input type="checkbox"/> <ul style="list-style-type: none"> <li>▶ Partnership</li> <li>▶ Limited Liability Partnership (member)</li> </ul>	<b>Submit all applicable:</b>	<b>Must Submit one of the following:</b>
	<ul style="list-style-type: none"> <li>▶ Partnership Agreement (Filed copy in states where the law requires)</li> <li>▶ Filed Assumed Name Certificate (Fictitious Name or DBA) if applicable</li> <li>▶ Filed Certificate of Organization (only required for LLC or LLP)</li> <li>▶ Filed Business License</li> </ul>	<ul style="list-style-type: none"> <li>▶ IRS Form 1065 schedule K-1</li> <li>▶ IRS Form 1040 SE</li> <li>▶ IRS Form 1040 ES (estimated tax)</li> </ul>

**Corporate Officer**

<input type="checkbox"/> <ul style="list-style-type: none"> <li>▶ Limited Liability Company operating as a Corporation</li> <li>▶ C-Corporation</li> <li>▶ Personal Service Corporation</li> <li>▶ S-Corporation</li> </ul>	<b>Submit all applicable:</b>	<b>Must Submit one of the following:</b>
	<ul style="list-style-type: none"> <li>▶ Filed Assumed Name Certificate (Fictitious Name or DBA)</li> <li>▶ Articles of Incorporation <b>or</b> Statement By Domestic Stock or Statement of Information (complete, including name of officers, shareholders and directors)</li> <li>▶ Filed Certification of Qualification (if incorporated in a different state)</li> </ul>	<ul style="list-style-type: none"> <li>▶ IRS Forms 1120, 1120 A or 1120 W (C-Corp &amp; Personal Service Corp)</li> <li>▶ IRS Form 1120 S schedule K-1 or 1040 ES (estimated tax) (S-Corp)</li> <li>▶ IRS Form 8832 (Entity Classification treated as a corporation)</li> </ul>

I attest that while I am not listed on the state quarterly wage and tax statement for this company, all of the following are true:

1. I am a sole proprietor, partner or corporation officer of the company indicated above; and
2. I am actively at work at this company on a full time, permanent basis working no less than the minimum number of hours required by the applicable State Laws; and
3. I draw wages, compensation, dividends or other distributions from this company on a regular basis and do not derive substantial earned income from any other employment; and
4. I the designated waiting period before health insurance coverage is to become effective.

Signature:	Date:
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