



**State of New York  
Empire Zones Program  
APPLICATION FOR JOINT CERTIFICATION OF A EMPIRE ZONE BUSINESS ENTERPRISE  
Leased Employee/Common Paymaster Attachment**

For Zone Use Only  
ID # \_\_\_\_\_

**Professional Employment Organization (PEO) or common paymaster authorization to release employment records to the New York State Department of Labor.**

If the applicant company leases or intends to lease employees from an Professional Employment Organization or common paymaster, complete the following information and obtain the appropriate signatures and notarization from said PEO or common paymaster. Attach this page to EZ-1.

Name of Applicant \_\_\_\_\_ Contact Person \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

**SECTION A:**

**To be completed by a responsible officer of the applicant company.**

1. Total number of FTE employees leased employees or employees related to a common paymaster **in the Zone** as of the quarter ending March 31<sup>st</sup>, June 30<sup>th</sup>, September 30<sup>th</sup> or December 31<sup>st</sup>, preceding the date of application, whichever is latest. \_\_\_\_\_
2. Projected number of positions to be created within the first five years for which leased employees or employees related to common paymaster will be used (refer to instructions for question 27 on EZ-1 to answer this question). \_\_\_\_\_

**SECTION B:**

**To be completed by a responsible officer of the Professional Employment Organization or common paymaster.**

Name of Professional Employment Organization or common paymaster \_\_\_\_\_

Federal Employer Identifier Number (FEIN) \_\_\_\_\_

NYS Unemployment Insurance (UI) Registration Number \_\_\_\_\_

As the responsible officer of the Professional Employees Organization or common paymaster, I, \_\_\_\_\_, hereby authorize the Commissioner of Labor to disclose to employees of the New York State Department of Labor **all records of employment** filed by this company in making unemployment insurance reports and contributions for the applicant company **required** by the Unemployment Insurance Law. The use of information and records released pursuant to this authorization shall be limited to the government purposes related by certifying the applicant company for Empire Zone benefits and incentives under General Municipal Law, Article 18B, monitoring compliance with Empire Zones Program criteria, and auditing the performance of the Empire Zones Program.

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_ / \_\_\_ / \_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

**Notary Public Signature** \_\_\_\_\_ **Date** \_\_\_ / \_\_\_ / \_\_\_

Affix stamp here