



**LIST OF CORPORATE OFFICERS, SOLE PROPRIETORS, PARTNERS
AND OTHER OWNER-MANAGERS**

EMPLOYER NAME: _____ **ER#:** _____

CONTRACTOR LICENSE #: _____

1. **EMPLOYEE NAME:** _____

SOCIAL SECURITY #: _____ - _____ - _____

PERCENTAGE OF OWNERSHIP: _____ %

2. **EMPLOYEE NAME:** _____

SOCIAL SECURITY #: _____ - _____ - _____

PERCENTAGE OF OWNERSHIP: _____ %

3. **EMPLOYEE NAME:** _____

SOCIAL SECURITY #: _____ - _____ - _____

PERCENTAGE OF OWNERSHIP: _____ %

4. **EMPLOYEE NAME:** _____

SOCIAL SECURITY #: _____ - _____ - _____

PERCENTAGE OF OWNERSHIP: _____ %

 X

Authorized Signature

Date

(Attach separate sheet if needed)