CIPPS COMPANY ADD/MAINTENANCE FORM

HOCNC **Company Number** 0 0 ___ ___ ___

Company Name _____

PO Box _____

Street Address _____

City _____

State ___ ___

ZIP Code ___ ___ ___ ___ ___ ___ ___ ___ ___

H0101 **FED ID Number** ___ ___ ___ ___ ___ ___ ___ ___ ___

SSA Acct 6 9 0 5 3 0 0 0 1

H0201 **State Tax ID Number** 3 0 - ___ ___ ___ ___ ___ ___ ___ ___ ___ F 0 0 1

H0801 **VEC ID** 0 0 0 0 0 8 0 0 ___ ___ ___ ___

Approximate:

 # Salaried Employees _____

 # Wage Employees _____

Agency Payroll Contact

Name _____

Phone (_____) ___ ___ ___ ___ ___ ___ ___

email _____

_____ _____

Authorized Agency Signature **Date**

(must be authorized to approve payroll expenditures on Authorized Signatories Form)

PR-12

Rev 06/09