

STATE OF SOUTH CAROLINA
DEPARTMENT OF CONSUMER AFFAIRS
PROFESSIONAL EMPLOYER ORGANIZATIONS



Mailing Address
P.O. Box 5757
Columbia, SC 29250-5757

S.C. Code Ann. § 40-68-10 et seq.
www.consumer.sc.gov
(803) 734-4200

Street Address
293 Greystone Blvd., Suite 400
Columbia, SC 29210

QUARTERLY REPORT FORM

All licensees must file a quarterly financial attestation with the Department (*See* § 40-68-40(E) and Reg. 28-1000(G)). Quarterly financial statements are due to be submitted to the department within 75 days after the end of each quarter. Quarterly financial reports that are submitted late without prior approval from the department will be assessed a late reporting fee of one hundred fifty dollars for every thirty days or portion thereof they are late. If they are late more than sixty days, the licensee may be subject to a disciplinary action (*See* § 40-68-160 (C)).

Name of PEO
or PEO Group: _____

**If your organization is a group, attach a list of all companies in the group (up to 5 companies) and the information below for each*

SC License #: _____

Federal ID #: _____ State ID #(withholding): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Fax No.: _____

Web site: _____

Report for the Quarter Ending:

<input type="checkbox"/> March 31	<input type="checkbox"/> June 30
<input type="checkbox"/> September 30	<input type="checkbox"/> December 31

Year: _____ Total Gross South Carolina Payroll For This Quarter: \$ _____

INFORMATION UPDATE: Since the date of your last application or quarterly report, have there been any changes in your company's name, address, structure or ownership, controlling persons, primary or secondary contact persons, your personnel subject to continuing education requirements, or your list of client companies?

Yes No

**If the answer is yes to any of these items, please attach a sheet showing updated information.*

1. Submit copies of the current quarter's balance sheet and income statement along with the quarterly financial attestation report.
2. A copy of a workers' compensation policy certificate must be submitted along with this form listing the Department as a certificate holder.
3. **RESTRICTED LICENSEES ONLY:** submit the *Restricted License Affidavit of Employee Count* with this form.

CEO STATEMENT

As the Chief Executive Officer of the licensee filing this Quarterly Report Form, I certify that all premiums for health insurance, life insurance, workers' compensation insurance, and any other benefits accruing to our leased employees or their dependents have been and or currently being paid in a timely manner to the proper payees as required by contract, law, or other obligatory documents.

I certify that I understand that South Carolina law requires a PEO or PEO Group to maintain working capital sufficient to meet the licensee's ongoing obligations and a net worth of \$50,000 (or positive net worth for PEOs operating on or before January 1, 1991). I further certify that this licensee is in compliance with those requirements.

I certify that I understand that this periodic certification is incomplete unless all required information is attached to this form.

I swear or affirm and certify that I have completed and/or reviewed all information submitted on and with this form, and to the best of my knowledge and belief, all information contained herein is true, correct and complete; and that there are no material omissions of fact. I further certify that I understand that giving false information constitutes cause for disciplinary action and subjects me to criminal prosecution for perjury. I acknowledge that I have a duty and agree to update and correct this information as it changes.

Signature

Date

Type or Print Your Name and Title

SWORN TO AND SUBSCRIBED before me
this _____ day of _____, 20_____

(SEAL)

Notary Public For _____

My Commission Expires:

CFO STATEMENT

As the Chief Financial Officer of the licensee filing this Quarterly Report Form, I certify that all Federal, State, and local payroll taxes (including unemployment compensation) have been paid as required by the laws and/or regulations of each applicable taxing authority. I further certify that all premiums for health insurance, life insurance, workers' compensation insurance, and any other benefits accruing to our leased employees or their dependents have been and or currently being paid in a timely manner to the proper payees as required by contract, law, or other obligatory documents.

I certify that I understand that South Carolina law requires a PEO or PEO Group to maintain working capital sufficient to meet the licensee's ongoing obligations and a net worth of \$50,000 (or positive net worth for PEOs operating on or before January 1, 1991). I further certify that this licensee is in compliance with those requirements.

I certify that I understand that this periodic certification is incomplete unless all required information is attached to this form. I have attached copies of the current quarter's balance sheet and income statement.

I swear or affirm and certify that I have completed and/or reviewed all information submitted on and with this form, and to the best of my knowledge and belief, all information contained herein is true, correct and complete; and that there are no material omissions of fact. I further certify that I understand that giving false information constitutes cause for disciplinary action and subjects me to criminal prosecution for perjury. I acknowledge that I have a duty and agree to update and correct this information as it changes.

Signature

Date

Type or Print Your Name and Title

SWORN TO AND SUBSCRIBED before me

this _____ day of _____, 20_____

(SEAL)

Notary Public For _____

My Commission Expires:

CONTROLLING PERSON STATEMENT

I swear or affirm and certify that I have completed and/or reviewed all information submitted on and with this form, and to the best of my knowledge and belief, all information contained herein is true, correct and complete; and that there are no material omissions of fact. I further certify that I understand that giving false information constitutes cause for disciplinary action and subjects me to criminal prosecution for perjury. I acknowledge that I have a duty and agree to update and correct this information as it changes.

Signature

Date

Type or Print Your Name and Title

SWORN TO AND SUBSCRIBED before me

this _____ day of _____, 20_____

(SEAL)

Notary Public For _____

My Commission Expires:

RESTRICTED LICENSE
AFFIDAVIT OF EMPLOYEE COUNT

I swear or affirm that at no time during the quarter that is the subject of this report did the Licensee employ more than forty (40) leased employees in the State of South Carolina. I further certify that I understand that giving false information constitutes cause for disciplinary action and subjects me to criminal prosecution for perjury. I acknowledge that I have a duty and agree to update and correct this information as it changes.

Signature

Date

Type or Print Your Name and Title

SWORN TO AND SUBSCRIBED before me

this _____ day of _____, 20_____

Notary Public For _____

My Commission Expires:

(SEAL)