



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.sccconsumer.gov
(803) 734-4200

Street Address
3600 Forest Drive
Columbia, SC 29204-4006

PROFESSIONAL EMPLOYER ORGANIZATION QUARTERLY REPORT FORM

In order to be in compliance with the net worth requirements of South Carolina Code Section 40-68-40 (E), Regulation 28-1000(G) requires all licensed professional employer organizations and professional employer organization groups to file a quarterly financial attestation with the department. This quarterly attestation report must be executed by the chief financial officer, the chief executive officer, and a controlling person of the professional employer organization. Copies of the current quarter's balance sheet and income statement also must be submitted with the quarterly financial attestation report. 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 as set forth in Section 40-68-160 (C). The following attestations must be made in the quarterly report: (1) Health insurance, life insurance, worker's compensation insurance and their respective premiums and any other employee benefits have been paid to the proper payees; (2) Working capital is sufficient to meet the licensee's ongoing obligations; and (3) Federal, state, and local payroll taxes have been paid as required by regulations of each taxing authority.

To complete the Form, the chief executive officer must read, sign and date the **CEO Statement**. The chief financial officer must attach copies of the current quarter's balance sheet and income statement, and sign and date the **CFO Statement**. The controlling person must sign and date the **Controlling Person Statement**. In addition, a copy of a workers' compensation certificate clearly indicating that the licensed PEO or PEO Group has a workers' compensation insurance policy in effect for the current quarter must be attached. A new copy of the certificate is required for each quarter that a report is filed. The certificate must show the South Carolina Department of Consumer Affairs as a certificate holder.

RESTRICTED LICENSE HOLDERS ONLY: For companies with a restricted license issued pursuant to South Carolina Code Section 40-68-90, a Controlling Person must complete the **Restricted License Affidavit of Employee Count**.

INFORMATION UPDATE: Since the date you filed your last application or quarterly report, have there been any changes in your company's name, your company's address, your company's structure or ownership, your controlling persons, your 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.

Name of PEO or PEO Group: _____ SC License #: _____

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

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Web site: _____

Report for the Quarter Ending:

March 31
 September 30

June 30
 December 31

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

Name of Chief Executive Officer: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Fax No.: _____

E-Mail Address: _____

Name of Chief Financial Officer: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Fax No.: _____

E-Mail Address: _____

Name of Controlling Person: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Fax No.: _____

E-Mail Address: _____

The completed Quarterly Report Form should be submitted to:

South Carolina Department of Consumer Affairs
Attn: PEO Licensing and Regulation
P.O. Box 5757
Columbia, SC 29250-5757

Do not fax this form. An original, signed and notarized form is required.

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_____

(SEAL)

Notary Public For _____

My Commission Expires:
