



STATE OF TENNESSEE
 DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
 DIVISION OF EMPLOYMENT SECURITY
 EMPLOYER ACCOUNTS OPERATIONS
 220 FRENCH LANDING DRIVE
 NASHVILLE, TENNESSEE 37243

FAX 615-741-7214

ELECTRONIC FILING AGREEMENT

Employer Name: _____

State UI Account Number: _____

Federal EIN: _____

Contact Person: _____

Telephone Number: _____

E-mail Address: _____

Fax Number: _____

This is an agreement between the Tennessee Department of Labor and Workforce Development (hereinafter “TDLWD”) and _____ (hereinafter “the Employer”), entered into this on this the _____ day of _____, _____ pursuant to the provisions of TCA §50-7-404, Rule 0560-2-1 et. seq.

TDLWD and the Employer agree as follows:

1. The TDLWD authorizes the Employer to file the quarterly premium and wage reports required by the above provisions by means of transmission of data by modem to the Department’s Bulletin Board System.
2. The signature on this Agreement shall be deemed to appear on any transmission received by TDLWD’s Bulletin Board System.
3. This Agreement constitutes electronic filing which satisfies the law requiring an employer or employer’s agent reporting 250 or more employees to file wage items by magnetic media. This agreement does not change or substitute for any other legal requirements, including due dates.
4. This Agreement will be effective beginning _____ quarter/year.

Employer or Agent
 Signature _____

Employer or Agent
 Telephone Number _____

Employer or Agent
 Name Printed _____

TDLWD Official
 Signature _____

Title _____

Title _____

Date _____

Date _____