

MAGNETIC MEDIA FILING REGISTRATION

Send to:
MAGNETIC MEDIA COORDINATORS, MIC 15A
EMPLOYMENT DEVELOPMENT DEPARTMENT
P.O. BOX 826880
SACRAMENTO, CA 94280-0001
(916) 651-6945

Please complete the following information if your company plans to file on magnetic media.

Transmitting Company Name	Date
Address	Federal Employer Identification Number
City, State and ZIP	State Employer Account Number
Contact for Technical Information (Name) Title	Telephone Number and Extension ()

FILING INFORMATION

Please indicate the document type(s) you plan to file on magnetic media.		
<input type="checkbox"/> NER	<input type="checkbox"/> ICR	<input type="checkbox"/> Other _____
Please indicate the estimated average number of employees or independent contractors to be reported. _____		
Do you plan to act as a transmitter for other business?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please prepare a list of the Business names, State Employer Account Numbers, Federal Employer Identification Numbers (FEIN) and estimated number of employees or independent contractors of those businesses you plan to report, and attach it to this form.		
Do you plan to purchase software or services to create your media file?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please provide the following information:		
Software/Service Company Name	Representative Name	Telephone Number ()

SYSTEM/MEDIA CHARACTERISTICS

TAPE CARTRIDGE	CD-R/DISKETTE
Computer Make/Model:	Computer Make/Model:
Coding Structure: <input type="checkbox"/> EBCDIC <input type="checkbox"/> ASCII	Operating System: <input type="checkbox"/> CD-R <input type="checkbox"/> 3 ½ Inch Diskette

AUTHORIZED REPRESENTATIVE OF ORGANIZATION

Name and Title (Type or Print)	Telephone Number ()
Signature	Date