Name of your firm: Location for Validation:

 f f

*Please use the name under which the company does business. City Country*

Firm Representative: Firms Representative’s Signature:

 f f



Office Address:

Office size: f Lease term: f

Property Manager:

 *Name Phone Number Email Address*



Total Number of **Full-Time** Employees on Payroll in the Location at End of fquarter 20 f(this excludes

freelancers and consultants): f Total **Full-Time** Employee Headcount: f

Location(s) of Other Employees: f

**Please provide information on the top delivery personnel in location:**

Name & Position: f Name & Position: f

Phone Number: f Phone Number: f

Email Address: f Email Address: f

Time spent in office: % of time Time spent in office: % of time

Name & Position: f Name & Position: f

Phone Number: f Phone Number: f

Email Address: f Email Address: f

Time spent in office: % of time Time spent in office: % of time

Name & Position: f Name & Position: f

Phone Number: f Phone Number: f

Email Address: f Email Address: f

Time spent in office: % of time Time spent in office: % of time

Name & Position: f Name & Position: f

Phone Number: f Phone Number: f

Email Address: f Email Address: f

Time spent in office: % of time Time spent in office: % of time

Do you have a local legal entity? (Yes/No): f

Jurisdiction of formation: f

ID: f

This form must be signed by a licensed professional responsible for payroll and accounting for the local entity willing to confirm the information included. The signer must have current credentials and be in good standing.

**Please indicate your credentials (circle one of the following):**

Certified Public Accountant Chartered Financial Analyst Attorney

Certified Management Accountant IRS Certified Enrolled Agent Payroll Manager

I hereby affirm that the information provided above is accurate based on the best information available to me at this time.

Verifier Name: Name of Verifier’s Firm:

 F F

Verifier Phone Number: Verifier e-mail:

 F F

Signature: Date:

 F F