



**STATE OF NEW MEXICO
DEPARTMENT OF WORKFORCE SOLUTIONS
401 Broadway, NE
PO Box 2281
Albuquerque, NM 87103**

**ELECTION OF EMPLOYER'S OPTION TO BECOME LIABLE FOR
PAYMENTS IN LIEU OF CONTRIBUTIONS**

TO:
New Mexico Department of Workforce Solutions
PO Box 2281
Albuquerque, NM 87103

Pursuant to the provisions of Section 51-1-13 NMSA 1978 and Regulation 11.3.400.421, the undersigned, an employing unit subject to the said Act, does hereby elect to make payments in lieu of contributions beginning on _____, and for a period of not less than two consecutive calendar years.

Employing Unit is applying under NMSA 1978 Section 51-1-13. Government entities are not required to send the attachments below:

- Completed Form ES-802, Status Report
- Copy of the IRS Exemption under Section 501(c)(3) of the IRS Code.
- Surety Bond or Cash Security Deposit

Employing Unit is applying under NMSA 1978 Section 51-1-59 Indian Tribes, the employing unit is to attach the following:

- Completed Form ES-802, Status Report

The undersigned requests written approval by the New Mexico Department of Workforce Solutions of this election.

Enter the Taxable Wages paid during the prior four (4) calendar quarters ending June 30. If no wages were paid during the preceding four (4) calendar quarters ending June 30, please estimate the amount to be paid.

1st Quarter 20 _____ \$ _____ 3rd Quarter 20 _____ \$ _____
2nd Quarter 20 _____ \$ _____ 4th Quarter 20 _____ \$ _____

LEGAL NAME OF EMPLOYER

DATE

Prepared by

Title

DECLARATION OF VERIFYING OFFICER: The above person whose signature appears on this document is a duly authorized representative of the employing unit, empowered to exercise this option.

The above election commencing as of _____, 20_____ is Approved Disapproved

Account No. _____

By: _____

Date: _____
ES-8020, Rev 7.07

Title: _____