



STATE OF RHODE ISLAND  
Rhode Island Department of Labor and Training  
**EMPLOYER TAX DIVISION**  
1511 Pontiac Avenue, Cranston, RI 02920  
Telephone: (401) 574-8700, option 1

TX-10 (Rev. 08/23)

## APPLICATION FOR EXTENSION OF COVERAGE TO EXEMPT WORKERS

The undersigned hereby voluntarily requests extension of coverage under the Rhode Island Employment Security and Temporary Disability Acts to its workers who are presently in exempt employment under such acts and to become an employer to the same extent as any other employer under these Acts.

Name of firm: \_\_\_\_\_ RI Registration #: \_\_\_\_\_

Business address (street, city/town, state and zip):

Type of business organization: \_\_\_\_\_

Principle product or service: \_\_\_\_\_

What is the type of employment for which extension of coverage is requested: \_\_\_\_\_

How many employees will be covered: \_\_\_\_\_

Do any of these employees protest this extension of coverage to them?      Yes      No

If yes, please explain:

Do any employees have a blood or family relationship to the employing unit?      Yes      No

If yes, please explain:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

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<https://dlt.ri.gov/employers/employer-tax-unit>



**APPLICATION FOR EXTENSION OF COVERAGE TO  
EXEMPT WORKERS TX-10 FORM**

**GENERAL INFORMATION**

The Rhode Island Employment Security and Temporary Disability Acts provide that the Tax Administrator may in his discretion extend coverage to workers who are ordinarily exempt from such coverage.

In general, these exempt employments consist of: Domestic Service (If \$1,000 or more is not paid in any calendar quarter), and services performed for Religious Organizations.

Extension of coverage, if approved, must be for a minimum of two calendar years.

Approval will not be extended to an individual in the employ of his son, daughter, or spouse, and service performed by a child under the age of eighteen in the employ of his father or mother.

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