

UI Tax and Wage Administration • P.O. Box 9046 • Olympia, WA 98507-9046 • Fax: (360) 902-9264

REPORT NEW CLIENT REPORT OF TERMINATION
(check one)

All fields are mandatory

This is to inform the Washington State Employment Security Department that the professional employer organization (PEO) and the client named below signed an agreement and entered into or terminated a co-employer relationship.

The effective / termination (check one) date of this agreement is: _____.

PEO Employment Security Reference #: _____	CLIENT Employment Security Reference #: _____
Name: _____	Name: _____
D.B.A.: _____	D.B.A.: _____
Address: _____	Address: _____
City, St, Zip: _____	City, St, Zip: _____
E-mail: _____	E-mail: _____
F.E.I.N.: _____ UBI#: _____	F.E.I.N.: _____ UBI#: _____
Contact: _____ Phone: _____	Phone: _____
	Date employees first hired in Washington: _____

CLIENT INFORMATION

Type of business: Sole Proprietorship Partnership S Corporation Corporation
 Nonprofit Government Fiduciary / Trust Limited Liability Company
 Other: _____

Washington location where payroll and business records will be available for inspection:

Client Records Contact Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

List owners, corporate officers, partners or LLC members (attach additional sheet if necessary):			
Name	SSN	Name	SSN

Fill out this form, print and return to us. Mail: Employment Security Department, Attn: Status Unit, PO Box 9046, Olympia, WA 98507-9046; Fax: 360-902-9264. If you are reporting a new client, you must include a completed [power-of-attorney form](#). The form is also available through your [district tax office](#).