



PEO CLIENT ADDITION / DELETION

State Form 52099 (R3 / 11-14)
INDIANA DEPARTMENT OF WORKFORCE DEVELOPEMNT

Toll Free: 1-800-8916499 Fax 317-233-2706

This agency is asking for your Social Security number. CONFIDENTIAL RECORD PURSUANT TO IC 22-4-19-6, IC 4-1-6

Legal Name of PEO	PEO SUTA Account Number	
DBA of PEO	PEO Federal Identification Number	
Contact Information (Name and telephone number)	Reporting Method (PEO Level/Client Level)	
Legal Name of Client	Client SUTA Account Number	Client FEIN
DBA of Client	Client Location Code	

Provide the address of the client.

Street: _____

City: _____ State: _____ ZIP Code: _____

Please provide your client's contact information below:

Name: _____ Telephone number: _____

Please identify your client's type of organization.

<input type="checkbox"/> Corporation	<input type="checkbox"/> 501 (C)(3)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Government
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Association
<input type="checkbox"/> LLC	<input type="checkbox"/> Others

Enter the required information for owners, partners, members or officers for the client entity below.

First Name	Last Name	
SSN/FEIN	Telephone Number	Title
First Name	Last Name	
SSN	Telephone Number	Title

1 When did the PEO begin distributing payroll to Indiana workers on behalf of the client entity? Date: ___/___/___

2 Is this a Client Addition? Yes No Effective Date of written contract ___/___/___

3 Is this a Client Deletion? Yes No If Yes, answer the following questions below.

What was the reason for termination?

<input type="checkbox"/> Performing in house	<input type="checkbox"/> Transferred to another PEO
<input type="checkbox"/> Out of Business	<input type="checkbox"/> Unknown

4 What is the last date that the PEO issued payroll under the contract? (mm/dd/yyyy) _____

5 What percentage of taxable wages transferred as a result of the client leaving the PEO relationship? Please use the clients last reported quarter - Client's taxable wages / PEO wages as a whole = _____

6 Number of active workers on the last payroll issued by the PEO client at the point in time the contract was terminated. _____

7 Total gross payroll for the client during the last two completed quarters. _____

Signature	Date (mm/dd/yyyy)
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Mail this form to: INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT
10 N SENATE AVE INDIANAPOLIS IN 46204-2277

Please call 1-800-437-9136, if you have any questions.