

UTAH DEPARTMENT OF WORKFORCE SERVICES
UNEMPLOYMENT INSURANCE-CONTRIBUTIONS



LEASING COMPANY ADDITION/ TERMINATION NOTICE

(PLEASE READ INSTRUCTIONS ON REVERSE SIDE)

1. Leasing Company _____
- 2a. Leasing Company's Utah Employer Registration Number (UI) _____
- 2b. Leasing Company's FEIN Number _____

Additions:

3. Effective date of contract _____
4. Name of client company _____
5. Client's FEIN _____
6. Client company's work-site address: _____

7. Client's phone number _____
8. Client's UI Account # _____
9. Close client's UI account? No Yes - Date _____
10. Please provide a detailed description of the client's business activity: _____

Terminations:

11. Name of client company being terminated _____
12. Client's FEIN _____
13. Mailing address _____

14. Effective date of termination of contract _____
15. Reason for termination Closed Business No more employees Reporting own payroll activity
 Another leasing company Unknown

Signed _____ Title _____ Date _____

INSTRUCTIONS



1. **Leasing Company's Name.**
- 2a. **Leasing Company's Utah Employer Registration Number (Unemployment Insurance).**
- 2b. **Leasing Company's Federal Employer Identification Number (FEIN).**
3. **Effective date of contract.** Please furnish us with the date you became the employer for the client's employees, as per a verbal or written agreement.
4. **Name of client company.**
5. **Client's FEIN** - Federal Employer Identification Number.
6. **Client Company's worksite address.** Please furnish us with the site location(s) of the client company. Workforce Services accumulates employment data on employers by site location and type of business activity. This information is necessary in order for the Department to obtain correct statistical employment information used by the various governmental entities, educational institutions and private businesses.
7. **Client's phone number.** We access data on employers by name, account number, federal ID number and telephone number. Furnishing this information allows us one more means of quickly and correctly accessing the registration associated with this client, i.e., your account number.
8. **Client's Unemployment Insurance account number.** If your client was an employer and has filed reports with this Department, please furnish us with their registration number.
9. **Close client's account?** Will the leasing company report all the payroll for the client, or will there be concurrent payroll through the leasing company and the client company?
10. **Description of client's business activity.** Please furnish detailed information about your client's business product and/or service. (Example: "Restaurant, no alcohol." Unacceptable: "sales." This does not tell us what the business is selling.) If this information is unavailable or you are unsure of their activity, please indicate "unknown" or "unavailable."
11. **Client Company's name.**
12. **Client's Federal Employer Identification Number.**
13. **Client's Mailing address.** We need to know the mailing address in order to correspond with the client to determine if they are now the employer, have gone out of business, or with another leasing company.
14. **Effective date of termination of contract.** Please provide the Department with the date of termination of contract between you and the client company and a mailing address for the client company in order that we may correctly determine how the client's payroll will be reported in the future.
15. **Reason for termination of contract.** This information will help us determine whether to close the business or obtain more information from the employer.