



# Employment Security Department

WASHINGTON STATE

PO Box 9046

Olympia, WA 98507-9046

## PEO FORM

Please submit this form whenever a professional employer organization (PEO) and a client sign an agreement to begin or end a co-employer relationship. All information is mandatory. Questions? Call 855-829-9243.

What are you reporting today? (check one)  beginning a relationship  ending a relationship

On what date is this change effective? \_\_\_\_\_

On what date did the client first hire employees in Washington? \_\_\_\_\_

### Professional employer organization (PEO)

### Client information

ESD no.: \_\_\_\_\_

ESD no.: \_\_\_\_\_

UBI no.: \_\_\_\_\_

UBI no.: \_\_\_\_\_

EIN no.: \_\_\_\_\_

EIN no.: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

D.B.A.: \_\_\_\_\_

D.B.A.: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

### Client information

Type of Business:  Sole Proprietorship  Partnership  S Corporation  Corporation  
 Nonprofit  Government  Fiduciary / Trust  Limited Liability Co.  
 Limited Liability Ltd. Partnership (LLLP)  Other: \_\_\_\_\_

At what Washington address will the client's payroll and business records be available for inspection?

Address: \_\_\_\_\_

Name of client records contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list all owners, corporate officers, partners or LLC members (attach additional sheet if necessary).

Name	SSN	Name	SSN

Please fax this form to 800-794-7657, or mail it to our address above.

If you are reporting a new client, **you must include a power of attorney form.** You can obtain a copy on the ESD homepage, [esd.wa.gov/tax-forms](http://esd.wa.gov/tax-forms).