



UI Account #: \_\_\_\_\_ FEIN: \_\_\_\_\_

Legal Business Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip+4/Postal Code: \_\_\_\_\_

Type of Organization: \_\_\_\_\_

Name and Title of Owners/Officers: \_\_\_\_\_

Check this box if you are attaching a list of additional Owners/Officers

Enter the Total Gross Wages paid during each quarter the calendar year of:

1st: \_\_\_\_\_ 2nd: \_\_\_\_\_ 3rd: \_\_\_\_\_ 4th: \_\_\_\_\_

Enter the largest number of employees you had on any one day during each week of the calendar year listed above.

Table with 54 columns representing days of the year (1-54) and empty boxes for employee counts.

During the calendar year listed above:

- a. Did you use any contractor or sub-contractor to perform services which were part of your usual trade, occupation, or business?
b. Was your business affiliated with any other employing unit through any form of ownership or control?
c. Did you acquire the organization, trade, or business of another employing unit or substantially all its assets?
d. Were you subject to the Federal Unemployment Tax Act during the year indicated above?

I hereby request termination of coverage as an employer under the Iowa Code, effective on the date stated below.

Authorized Signature \_\_\_\_\_ Print Name Here \_\_\_\_\_ Effective Date \_\_\_\_\_

Agency Decision (Under Iowa Code section 96.8-2)

Approved

Reason for Denial

Denied

Large empty box for Reason for Denial.

Unemployment Insurance Representative \_\_\_\_\_ Date Signed \_\_\_\_\_ Effective Date \_\_\_\_\_