

Unemployment Insurance Tax Bureau 1000 E Grand Avenue Des Moines, Iowa 50319

UI Account #:			
Legal Business Name:			
Address 2:			
City:		Zip+4/ Postal Code:	
Nature of Pusiness:			
this election will become effective at the	ne beginning of the calendar qu	nployment insurance agencies involved. If uarter. ter into a reciprocal coverage agreement v	
Which state(s) do you have a place o	f business?		

- 2. The following workers are to be covered by this election. Their wages should be reported to lowa for one of the following reasons: (Enter the reason letter in the reason column.)
 - a. Performs some service in Iowa.
 - b. The employer has a place of business in lowa to which the worker's service is reasonably related.

Name	SSN	State of Residence	Base of Operations	Reason

(CONTINUED)

Employer's Election to Cover Multi-State Workers 68-0599 (01-2024)

Phone: (888) 848-7442 | Email: iwduitax@iwd.iowa.gov www.workforce.iowa.gov

ture of work to be performed by these	e workers:				
nployer Signature:					
 Send lowa Workforce Development three copies of this form for each state listed. We "interested state" for action. You will be notified when the election has been processed 					
 If approved, this election is effective until terminated by lowa Workforce Development. The employer agrees to comply with any requirements applicable to this election under the 			opment.		
			on under the lowa Code.	the Iowa Code.	
 If approved, the employer and e election. Workers employed by the employer is covered by the 	the employer are co				
1000 È		ent. Fax Bureau	orm 68-0601) A copy of	each	
Autl	norized Signature		Date		
Print Name Here		Title	Phone	 e	
lowa Workforce Develop	oment has approv	ved this in accordance	with the lowa Code.		

lowa Workforce Development has approved this in accordance with the lowa Code.

Unemployment Insurance Tax Manager Approval Date

The election is approved by:

State: ______
Agency: _____
Title: ______ Date Approved: ______