Iowa Workforce Development

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

Name and address of business requesting to be an employer under the Iowa Employment Security Law:

UI Account #: _____ FEIN: _____

Legal Business Name: _____

DBA: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip+4/Postal Code: _____

- You will become liable to pay contributions on a quarterly basis.
- This voluntary election remains in effective for two years.
- This voluntary election is effective:

Month Day Year

_____

By signing below, you agree to the terms above in Iowa Code section 96.8-3a*.

_____ _____
Authorized Signature Title

_____ _____ _____
Print Name Here Phone Date

***Section 96.8-3a.** An employing unit, not otherwise subject to this chapter, which files with the Department its written election to become an employer subject hereto for not less than two calendar years, shall with the written approval of such election by the Department, become an employer subject hereto to the same extent as all other employers, as of the date stated in such approval, and shall cease to be subject hereto as of January 1st of any calendar year subsequent to such two calendar years, only if prior to the fifteenth day of February of such year, it has filed with the Department a written notice to that effect.

Return signed form to: Iowa Workforce Development
Unemployment Insurance Tax Bureau
1000 E Grand Ave
Des Moines IA 50319-0209

Agency: ☐ Approval ☐ Denial

_____ _____
Unemployment Insurance Representative Date

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

Equal Opportunity Employer/Program
Auxiliary aids and services are available upon request to individuals with disabilities.
For deaf and hard of hearing, use Relay 711.