



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 360-902-9360.

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.