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PEO CLIENT ADDITION / DELETION

State Form 52099 (R6 / 9-23) INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT 10 N Senate Ave RM SE 202 Indianapolis, IN 46204-2277 CONFIDENTIAL RECORD PURSUANT TO IC 22-4-19-6, IC 4-1-6

*This agency is requesting disclosure of Social Security Numbers (SSNs) in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

Submit completed forms to ProEmployerClearance@dwd.IN.gov or via fax to 317-233-2706, within fifteen (15) days of the event indicated to be considered timely and in compliance with IC 22-4-6.5.

Event (Check One) Client Level Add	PEO Level Add Client Level Delete PEO Level Delete						
PEO Information							
Legal Name of PEO	PEO FEIN						
Form Submitted by Name	Form Submitted by Telephone Number						
Form Submitted by Email Address	Date (mm, dd, yyyy)						

Client Information							
Legal Name of Client				Client FEIN			
Client Contact Name				Client SUTA Number <i>(if applicable)</i>			
Client Street Address				APT or STE			
Client City	Client State		Client ZIP code		Client ZIP code		
Client Email Address							
Client Entity Type (check one)	 Sole Proprietorship Partnership Corporation 501 (C)(3) (Church) 501 (C)(3) (non-Church) 			SMLLC LLC Partnership LLC Corporation Other:			
Client State of Organizatio	n	Client Date of Organiza	ation	Client Telep	none Number		
Client Responsible Party Name		Client Responsible Party SSN*					
Date of First Payroll Distributed by PEO (If Client Add, use actual or anticipated)		Date of Last Payroll Distributed by PEO (If Client Add, leave blank)					
Client Business Activity / I	NAICS						
Client Indiana Worksite A	ddress (<i>Provide, if</i>	client level)					

PEO			
Taxable Indiana Wages for this Client in the final quarter to be reported			
Taxable Indiana Wages for all Clients in the same quarter as above			
To the best of your knowledge, does the client anticipate continuing payroll in Indiana?	Yes	No No	
Gross Indiana Wages for this Client in the last two (2) quarters			