



# PEO CLIENT ADDITION / DELETION

State Form 52099 (R4 / 5-15)  
INDIANA DEPARTMENT OF WORKFORCE DEVELOPEMNT

This agency is asking for your Social Security number. CONFIDENTIAL RECORD PURSUANT TO IC 22-4-19-6, IC 4-1-6

Legal Name of PEO		PEO SUTA Account Number	
DBA of PEO		PEO Federal Identification Number	
Contact Information <i>(Name and telephone number)</i>		Reporting Method <i>(PEO Level/Client Level)</i>	
Legal Name of Client		Client SUTA Account Number	Client FEIN
DBA of Client		Client Location Code	
Date of incorporation of client <i>(mm/dd/yyyy)</i>		State of incorporation of client	
Primary business activity of client			
Provide the address of the client.			
Street: _____			
City: _____		State: _____	ZIP Code: _____
<i>Please provide your client's contact information below:</i>			
Name: _____		Telephone number: _____	
<i>Please identify your client's type of organization.</i>			
<input type="checkbox"/> Corporation		<input type="checkbox"/> 501 (C)(3)	
<input type="checkbox"/> Partnership		<input type="checkbox"/> Government	
<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Association	
<input type="checkbox"/> LLC		<input type="checkbox"/> Others	
<i>Enter the required information for owners, partners, members or officers for the client entity below.</i>			
First Name		Last Name	
SSN/FEIN	Telephone Number	Title	
First Name		Last Name	
SSN	Telephone Number	Title	
1 When did the PEO begin distributing payroll to Indiana workers on behalf of the client entity? Date: ____/____/____			
2. Is this a Client Addition? Yes <input type="checkbox"/> No <input type="checkbox"/> Effective Date of written contract ____/____/____			
What was the reason for the addition?			
<input type="checkbox"/> Transferred from another PEO		<input type="checkbox"/> Start up business	
<input type="checkbox"/> Current liable Indiana employer		<input type="checkbox"/> Unknown	
3. Is this a Client Deletion? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If Yes, answer the following questions below.</i>			
What was the reason for termination?			
<input type="checkbox"/> Performing in house		<input type="checkbox"/> Transferred to another PEO	
<input type="checkbox"/> Out of Business		<input type="checkbox"/> Unknown	
4. What is the last date that the PEO issued payroll under the contract? <i>(mm/dd/yyyy)</i> _____			
5. What percentage of taxable wages transferred as a result of the client leaving the PEO relationship? Please use the clients last reported quarter - Client's taxable wages / PEO wages as a whole = _____			
6. Number of active workers on the last payroll issued by the PEO client at the point in time the contract was terminated. _____			
7. Total gross payroll for the client during the last two (2) completed quarters. _____			

<i>Signature</i>	<i>Date (mm/dd/yyyy)</i>
<b>Mail this form or FAX to:</b>	Call Toll Free: 1-800-437-9136 Fax 317-233-2706 INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT 10 N SENATE AVE INDIANAPOLIS IN 46204-2277