

## Corporate Officer Reinstatement Form

NOTE: This form must be completed, signed, and returned to the Idaho Department of Labor in order to reinstate state unemployment insurance coverage for the corporate officer listed below. Reinstatement is not valid unless the corporate officer requesting reinstatement signs the form. The form must be received or post-marked on or before December 15<sup>th</sup> to be effective the following year. Coverage cannot be reinstated retroactively.

THE FOLLOWING MUST BE TRUE FOR THE CORPORATE OFFICER:

- Has been exempt for two (2) complete calendar years

### Employer Information

Unemployment Insurance Account Number (SUTA): \_\_\_\_\_

Federal Employer Identification Number (FEIN): \_\_\_\_\_

Legal Business Name: \_\_\_\_\_

DBA: \_\_\_\_\_

### Corporate Officer Information

Officer's Name: \_\_\_\_\_ Officer's SSN: \_\_\_\_\_

Officer's Title: \_\_\_\_\_ Officer's Phone: \_\_\_\_\_

Date Reinstatement to be Effective: \_\_\_\_\_ Officer's % of Ownership: \_\_\_\_\_

\_\_\_\_\_  
Officer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Preparer

\_\_\_\_\_  
Preparer's Phone