

Idaho Department of Labor – UI Compliance Bureau
PEO Letter of Intent

PEO

CLIENT

Name:		Name:	
DBA:		DBA:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
FEIN:	SUTA:	FEIN:	SUTA:

This is to inform the Idaho Department of Labor that the PEO and the above-named client have signed an agreement to enter into a co-employer relationship effective _____.

Idaho Employee Start Date with PEO Date: _____	First Idaho Employee Paycheck Issue Date Date: _____	# of Idaho Employees:
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Does the client have employees excluded from the PEO arrangement? ___ Yes ___ No

NOTE: Any employees excluded from the PEO arrangement or hired by the client external to the PEO arrangement are covered for unemployment insurance tax purposes and must be reported under the client's SUTA account.

PLEASE CHOOSE ONE OF THE FOLLOWING:

___	1. Report the client under the PEO's SUTA account and transfer the client's experience rate.
___	2. Report the client under the client's SUTA account .

CLIENT INFORMATION

Type of Business:	Sole Proprietorship	Partnership	Corporation
	Limited Liability Company	Non-Profit	S Corporation
If an LLC, how have you chosen to be taxed for income tax purposes?	Sole Proprietorship	Partnership	Corporation
Physical Address (in Idaho):			
Business Phone:		Fax:	
Contact Name:		Contact Title:	
Contact Phone:		Contact Email:	

Owner/Officer Name	Title	% Owned	Address of Residence	SSN and Phone

_____		_____	
PEO Signature	Date	Client Signature	Date