

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

PEO

CLIENT

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

CLIENT INFORMATION

Contact Name:	Contact Title:
Contact Phone:	Contact Email:

PLEASE CHOOSE ONE OF THE FOLLOWING:

___ 1. This is to inform the Idaho Department of Labor that the contract arrangement between the PEO and the above-named client terminated effective _____.

___ 2. This is to inform the Idaho Department of Labor that the above-named client no longer has employees in Idaho (and has no plans to hire employees in Idaho) effective _____.

NOTE: If a client no longer has employees in Idaho, the client either (a) must be transferred out of the PEO account that is reporting for them or (b) must have their own client account closed (if the PEO is reporting for the client under the client's SUTA account). This is specifically for clients who have no future plans of hiring employees in Idaho or who have had no Idaho payroll for the last four quarters.

DO ANY OF THE FOLLOWING APPLY TO THE CLIENT:

___ Ceased operations company-wide effective _____.

___ Sold business effective _____.

Business Name:	FEIN:
Contact Name:	Contact Phone:

___ Successor is joining the same PEO (or is already in the PEO) effective _____.

___ None of the above

WAGES REPORTED FOR THE CLIENT FOR THE MOST RECENT FIVE COMPLETED QUARTERS

Year/Quarter					
Total Wages					
Taxable Wages					

NOTE: Only for clients being reported under the PEO's SUTA account. The portion of the experience rate associated with the client will be transferred to the client's new SUTA account.

PEO Signature

Date

Client Signature

Date