

UI Account #: _____ FEIN: _____

Legal Business Name: _____

DBA: _____

Address 1: _____

Address 2: _____

City: _____ State/Province: _____ Zip+4/Postal Code: _____

Type of Organization: _____

Name and Title of Owners/Officers: _____

Check this box if you are attaching a list of additional Owners/Officers _____

Enter the Total Gross Wages paid during each quarter the calendar year of: _____

1st: _____ 2nd: _____ 3rd: _____ 4th: _____

Enter the largest number of employees you had on any one day during each week of the calendar year listed above.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54

During the calendar year listed above:

- a. Did you use any contractor or sub-contractor to perform services which were part of your usual trade, occupation, or business? Yes No
- b. Was your business affiliated with any other employing unit through any form of ownership or control? Yes No
- c. Did you acquire the organization, trade, or business of another employing unit or substantially all its assets? Yes No
- d. Were you subject to the Federal Unemployment Tax Act during the year indicated above? Yes No

I hereby request termination of coverage as an employer under the Iowa Code, effective on the date stated below.

Print and sign completed form

Authorized Signature _____ Print Name Here _____ Effective Date _____

Agency Decision (Under Iowa Code section 96.8-2)

Approved

Reason for Denial

Denied

Unemployment Insurance Representative _____ Date Signed _____ Effective Date _____

Application for Termination of Coverage 68-0294 (04-2019)

Phone: (888) 848-7442 | Email: iwduitax@iwd.iowa.gov
www.iowaworkforcedevelopment.gov

Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request to individuals with disabilities.
For deaf and hard of hearing, use Relay 711.