

UTAH DEPARTMENT OF WORKFORCE SERVICES
UNEMPLOYMENT INSURANCE-CONTRIBUTIONS



REQUEST FOR EMPLOYER PIN/TAX PREPARER CODE

- COMPLETE ALL FIELDS -

Business Name _____

Mailing Address _____

City _____ State _____ ZIP _____

Officer/Member/Owner _____
Please Print Name _____ Title _____

Signature _____ Date _____

Email address _____ Phone number _____

Fax number _____

Provide your Employer's Utah Registration Number: _____ (e.g., C0-123456-7)

Provide your FEIN: _____ (e.g., 12-3456789)

Choose one:

- I am a Utah employer requesting my PIN allowing me to file/amend quarterly reports on the DWS web site.
- I am a tax preparer requesting a Tax Preparer Code allowing me to file/amend quarterly reports on behalf of my clients on the DWS web site. I estimate the number of clients for whom I will file a report to be: _____

Please send my PIN/Tax Preparer Code to me via: Secure Email Mail FAX (unsecure)