

**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: \_\_\_\_\_

Provide your FEIN: \_\_\_\_\_

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)