IOWA WORKFORCE DEVELOPMENT

Smart. Results.

Unemployment Insurance Tax Bureau
1000 E Grand Avenue
Des Moines, Iowa 50319

Employee's Name: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Effective _____ the Iowa Code will be the law that applies to all work you perform. This law is applicable for the employer listed below in any or all of the following states. These States have agreed to this election.

If you become unemployed, you may file a claim for unemployment insurance benefits. You may file on-line at www.iowaworkforcedevelopment.gov.

Keep this notice for your records. Bring this notice with you when filing a claim for benefits.

Employer Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip/Postal Code: _____

Employer's UI Account #: _____ Date Notice Given/Mailed To Employee: _____

The employer must complete at least **TWO** copies of this notice.

They must be distributed as follows:

1. **One copy** must be given to the employee
2. **One copy** must be sent to: Iowa Workforce Development
   Unemployment Insurance Tax Bureau
   1000 E Grand Ave
   Des Moines IA 50319-0209

Print Form

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.