

**REQUEST FOR WITHDRAWAL
FROM JOINT ACCOUNT**

(Please print or type)

“READ CAREFULLY BEFORE SIGNING”

(Please print or type)

In accordance with A.C.A. 11-10-208, I have fulfilled all requirements and obligations outlined in this statute and I hereby petition the Department of Workforce Services for withdrawal from the Joint Employer’s Account of which I am a participating member. I also make this request with the understanding that if I continue to operate this business in the state of Arkansas with employees, I will now become a new employer with a new employer’s experience rate.

1. Account number: _____ Date: ____/____/____

2. Business Name: _____ Federal ID#: _____

3. Address where business is located: _____
(Street Address)

(City, State, & Zip Code)

4. Effective Date of Termination: ____/____/____
(Month) (Day) (Year)

5. While in the Joint Account, did you the employer continue to operate any other businesses with employees in the state of Arkansas? YES NO

6. If “YES”, please provide the following:

_____/_____/_____/_____
_____/_____/_____/_____
(Name of Business) (Street Address) (City/State/Zip) (#Employees)

(Signature)

(Signature)

(Title)

(Title)

NOTE: If additional, signatures are required, you may add an attachment or letter.