



AGENCY ACCOUNT CLOSURE REQUEST

Company Legal Name: _____ Client Code: _____

Effective Quarter: _____ Year: _____

1) I am requesting that the following Agency Account(s) be closed:

STATE AND LOCAL ACCOUNT ID NUMBER(S)

(Handling fee of \$10.00 per agency to update our systems)

2) You MUST choose one of the following:

A: Please forward the required information that I will need to close my ID Numbers with the agency(ies). *(Additional handling fee of \$40.00 per agency form)*

- PTP is able to close California ID Numbers entirely with the Employment Development Department.
- For all other state/local agencies, PTP will provide the required information for you to use and/or complete.
 - You will need to use that information to close your ID Numbers directly with the agency(ies).

-- OR --

B: I will be responsible for obtaining the required information, and will close my ID Numbers with the agency(ies).

Disclaimer: Any notices, penalties, and/or interest resultant from erroneously filed information will be the Client's responsibility. Client is responsible for responding to any Agency Letters or Inquires for the indicated State/Local agencies.

PRINTED NAME: _____ TITLE: _____

CLIENT SIGNATURE: _____ DATE: _____