



Corporate Officer Exemption Form Private Corporation – General Corporate Officer

Private corporations in which **all** exempted corporate officers are not related may exempt from unemployment insurance coverage **up to eight** bona fide corporate officers who:

- Voluntarily agree to be exempt from coverage;
- Are voluntarily elected or voluntarily appointed under the articles of incorporation or bylaws; and
- Exercise substantial control in the daily management of the corporation.

Business name: _____ Business phone: _____

ES Reference number: _____ UBI number: _____

Name of preparer/contact person: _____

Title: _____ Business phone: _____

Email: _____

Total number of corporate officers exempted (may not exceed 8): _____

Corporate officer being exempted (Use a separate form for each officer):

First name: _____ Last name: _____

Social Security number: _____ Title: _____

I certify that I have read and understand the terms of exemption and that I meet the exemption criteria as an officer of a private corporation. I voluntarily agree to be exempt from unemployment coverage.

Signature of officer being exempted Date

Corporate officer verifying exemption decision: (Must be a different officer unless no others exist):

First name: _____ Last name: _____

Title: _____

Signature of verifying officer Date

Date exemption to be effective ___ / ___ / ___ (Must be on Jan. 1 except for newly registered corporations; cannot be retroactive if submitted after Jan. 15.)

Fax this form to 360-902-9264 or mail to: Employment Security Department, UI Tax and Wage Administration/Status, P.O. Box 9046, Olympia, WA 98507-9046

Exemption is not valid until the exemption forms are signed by the corporate officers and received by the Employment Security Department. Forms must be sent by January 15 to be effective for that year. Forms lacking complete information or not matching corporate registration information on file cannot be processed. We will notify you after we act on the completed exemption forms.