UI ACCOUNT REACTIVATION REQUEST

If you supply information on this form, you must enter your UI Account Number and Legal Name. Return this form to UI Division, P.O. Box 7942, Madison, WI 53707 or fax to 608-267-1400.

MUST BE COMPLETED	UI Account Number	Legal	al Name			
If your UI Account is currently on inactive reporting status because you have not been reporting payroll to this office, the following information is required in order to reactivate your Wisconsin unemployment account. 1. Resumption of Wisconsin Employment						
Date Employment Resumed			New Payroll Date			
Continuation of Wisconsin Employment						
Do you expect employment to continue? ☐ Yes ☐ No Antici				nticipated Date of Last Employment		
Current Mailing Address						
Street Address						
City				State	Zip Code	
 Name and telephone number of the person to contact if additional information is needed. 						
Contact Name				Telephone Number		
Additional Comments						
Above Information Supplied By	on Name			Title		
Signature				Date Signed		