

Submit the form to BWC in one of the following ways.

Email: 120c29@bwc.ohio.gov

Fax: 614-719-5925

Mail: BWC Mail Processing Center Attn: Employer Services 30 W. Spring St.

Columbus, OH 43215-2256

Important: If you fax or mail the form	to BWC, be sure to sign and d	late the for	m. BWC canr	not process it without a	a signature.
Prepared by		Phone number			
Professional employer organization (PEO) policy number		PEO name			
Client policy number		Client name			
Payroll for lease agreement effective of	date			☐ Change in lease	
	Da	ate		☐ Contract termina	
Payroll reporting period	Manual classification		Payroll repor (List by polic	ted by PEO on behalf o y year 07/01/XX to 06/30	f client D/XX and manual class)
PEO signature	ı	I		Date	