

EMPLOYER'S REPORT OF CHANGES

Please indicate the changes that apply, sign and date, then return by mail or fax as stated above:

EMPLOYER: _____ EMPLOYER ACCOUNT NUMBER: _____

Change Mailing Address or Name of Business To:

Business Discontinued (no new ownership)..... Month/Day/Year
(Please notify the Division if, or when, business resumes.)
Exact Date of Last Payroll _____
Month/Day/Year

Change in Business Ownership - Complete NEW OWNER(S) section below.
 Sale of Entire Business..... Month/Day/Year
 Partial Sale (not out of business) Month/Day/Year
Describe Part Sold _____
 Change in Legal Ownership..... Month/Day/Year
(such as adding or dropping a partner, incorporating, etc.)

NEW OWNER(S) New Federal Identification Number (if applicable): _____

Check Type of Organization:

<input type="checkbox"/> S Corporation	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> Publicly Traded Corporation	<input type="checkbox"/> Association	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Privately Held Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other

Name and address of new owner(s), partner(s), corporate officer(s), member(s), etc. _____

Remarks _____

New Business Units Added to Present Ownership..... Month/Day/Year
Trade Name _____
Location _____
Nature of Operation _____
Previous Owner(s) _____

Signature & Title _____ Telephone No. _____ Date _____