Alabama Department of Labor Unemployment Compensation Division Status Unit Room 4201

Montgomery, Alabama 36131 Phone: 334-242-8830 Fax: 334-242-2067

Report of Employer Account Changes

Employer Account Number	Federal ID Number _	
Business Name		
New Mailing Address:	New Physical Location:	
Telephone #:	Corporate Name Change	2:
()	*Articles of Amendment must	t be attached.
Close/Inactiva	ate SUI Account	
Please close account effective:/ for t	he reason listed below:	
1) Ceased employment.		
2) Discontinued business.		
3) *Leasing employees.		
4) *Entire business sold.		
5) *Portion of business sold. Number of employ	vees transferred:	
6) *Merger.		
*If yes to 3, 4, 5 or 6 please provide the new owner,	/company's name, address ar	nd phone# below:
If there has been a change in Federal ID number it v register at <u>www.Labor.Alabama.Gov</u> . If there was n partners or type of entity download the paper Form	o change to the FEIN but the	re has been a change in
Signature	_ Title:	Date://

This form must be signed and dated by an authorized person, including their title or the changes will not be processed. If signed by an independent accountant we must have a current Power of Attorney on file. This form may be emailed to Status@Labor.Alabama.Gov.