

CHANGE IN STATUS REPORT

Account Number

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Employer Name and Address:

Return to:
NC Dept. of Commerce
Division of Employment Security
P.O. Box 26504
Raleigh, NC 27611-6504

Nature of Change *(Please check as appropriate)*

A. Sold or otherwise transferred all or part of the business to:

Employer Name: _____ Date of Sale: _____

Trade Name: _____ Phone: (____) ____ - _____

Address: _____

Was the entire business operation and all its incidents (including equipment, merchandise, raw materials) sold, transferred, or leased to new owner? ☐ Yes ☐ No

☐ B. Partnership formed or changed. Explain *(including effective date)*: _____

☐ C. Incorporated business (Effective date): _____

☐ D. Ceased operations in North Carolina. Date operations ceased: _____

☐ E. Operating without employees. Last date of employment: _____

☐ F. Changed business name to: _____
(If corporation, furnish copy of corporate minutes or amended charter on file with the Secretary of State)

☐ G. Changed: ☐ Business Location ☐ Mailing Address ☐ Telephone Number

New Address: _____ (____) ____ - _____
(Street) (Telephone Number)

(City) (State) (Zip Code)

☐ H. Change in person to contact for tax matters: _____
(Name)

(Address)

(____) ____ - (Phone Number)

(Signature of person authorizing change)

<i>For Agency Use Only</i>	
Action Taken	
Operator	
Date	