

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)..... _____
(Please notify the Division if, or when, business resumes.) _____ Month/Day/Year
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..... _____
(such as adding or dropping a partner, incorporating, etc.) _____
Month/Day/Year

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** _____