

NOTIFICATION OF CHANGE OF EMPLOYER ACCOUNT INFORMATION

YOUR ACCOUNT NUMBER

Mail to: Employment Development Department
Account Services Group—MIC 28
P.O. Box 826880
Sacramento, CA 94280-0001

Owner's Name: _____
Business Name: _____

PLEASE INDICATE THE CHANGE(S) TO YOUR BUSINESS BELOW:

- A. Address change only (please provide new mailing address/telephone number below in box 1).
- B. Business discontinued without successor: ____/____/____ (please provide forwarding address below in box 1).
- C. Discontinued paying wages. Last wage payment made on ____/____/____.
- D. Change of business name. New business name: _____
- E. Change of ownership: Enter exact date ____/____/____ (please provide type of change below in box 2 or 3).

If A or B checked above:

1	STREET AND NUMBER	CITY, STATE, AND ZIP CODE	TELEPHONE NUMBER

If E checked above:

- Partial sale only, not out-of-business.
- Entire business sold (enter successor name and address below).
- Corporation formed.
- Partnership to sole (enter sole proprietor's name below).
- Corporation dissolved.
- Other (explain): _____

2	OWNER'S NAME(S) FOLLOWING CHANGE OF OWNERSHIP	BUSINESS NAME	BUSINESS MAILING ADDRESS
NEW Federal Employer Identification Number _____			

If, Partner(s) added. Partner(s) withdrew.
(enter partner information, add or withdrawn, below)

3	PARTNER(S) ADDED/WITHDRAWN	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER

REMINDER: If you have discontinued paying wages or have discontinued your business without a successor, you have ten (10) days to file your final DE 88 with payment, Quarterly Wage and Withholding Report (DE 6), and Annual Reconciliation Statement (DE 7).

SIGNATURE

TITLE

()

PHONE NO.

FOR DEPARTMENT USE ONLY
ENTERED BY: _____ DATE: ____/____/____