

## ACCOUNT CHANGES - REPORT EMPLOYMENT AND BUSINESS CHANGES

<p>This form must be completed and returned if changes have occurred to this business. If there have been no changes, do not return the form.</p> <p>Please contact us if you have questions: 608-261-6700 taxnet@dwd.wisconsin.gov</p>	<p>Return completed form to : DWD Unemployment Insurance Division Bureau of Tax and Accounting P O Box 7942 Madison WI 53707-7942 Fax: 608-267-1400 Email: taxnet@dwd.wisconsin.gov</p>
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UI Account Number	Legal Name
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**A. REQUIRED: CONTACT INFORMATION:**

Information supplied by (name and position)	Date Form was Completed
Phone Number (       )	Email Address
Person to contact for additional information (name and position)	
Phone Number (       )	Email Address

**B. ENTER CHANGES FOR LISTED ITEMS OR COMPLETE IF ANY ITEM IS BLANK ON YOUR CONTRIBUTION/WAGE REPORT:**

New Address	New Legal Name	
	New Trade Name	
New Business Email Address	New Federal ID Number	New Phone Number (       )

**C. ENTER APPROPRIATE INFORMATION ON ANY CHANGE IN YOUR BUSINESS OPERATIONS:**

Closed Business	<input type="checkbox"/> Out of Business/Liquidation (business not sold) <input type="checkbox"/> Sale/ transfer/reorganization of business activity/assets (complete Section D below) <input type="checkbox"/> Business continuing without employees (provide explanation in Section E below) <input type="checkbox"/> Employing Independent Contractors <input type="checkbox"/> Death <input type="checkbox"/> Other: _____	Date of Last Payroll
		Date of Last Employment
No Employment This Quarter	<input type="checkbox"/> No employees – a temporary situation Explanation: _____	Date of Last Employment
		Approximate Date Employment will Resume

**D. SALE/TRANSFER/REORGANIZATION OF BUSINESS: Section 108.16(8)(k) Wis. Stats. Requires Written Notice Within 30 Days Of Change**

Change in Business Entity/ Reorganization	Does the reorganized business have different ownership than the former business? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Reorganization
	Briefly explain the reorganization	New Federal ID Number
		New Legal Name
		New Address

Transferred/ Sold or Acquired Business	Transfer Effective Date	Check One: <input type="checkbox"/> Total Sale <input type="checkbox"/> Partial Sale <input type="checkbox"/> Total Purchase <input type="checkbox"/> Partial Purchase	
	Check One: <input type="checkbox"/> Business Sold/Transferred to <input type="checkbox"/> Business Acquired From	Legal Name	
	UI Account Number	Trade Name	
	Phone Number (       )	Address	

**E OTHER CHANGES (PROVIDE EXPLANATION):**

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