

ACCOUNT CHANGE INFORMATION

DO NOT return this form if no changes have occurred. If you supply information on this form enter your UI Account Number and Legal Name from your Contribution/Wage Report. Return this form to UI Division, P.O. Box 7945, Madison, WI 53707.

MUST BE COMPLETED IF CHANGES OCCURRED	UI Account Number _____	Legal Name _____
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Enter changes for listed items or complete if any item is blank on your Contribution/Wage Report.

CHANGES	New Legal Name _____	New Address _____
	New Trade Name _____	
	New Federal E.I. Number _____	
	New Telephone Number _____	

Enter appropriate information on any change in your business operations.

CLOSED BUSINESS	<input type="checkbox"/> Liquidation <input type="checkbox"/> Death <input type="checkbox"/> Other, Specify _____	Date of Last Employment _____/_____/_____
NO EMPLOYMENT IN THIS QUARTER	<input type="checkbox"/> Business Continuing Without Employees (Explain Below Under Other Change) <input type="checkbox"/> No Employees - a Temporary Situation <input type="checkbox"/> Employing Independent Contractors	Date of Last Employment _____/_____/_____ Approximate Date Employment Will Resume _____/_____/_____

*** Section 108.16(8)(k), Wis. Stats. requires WRITTEN NOTICE WITHIN 30 DAYS OF CHANGE.**

* REORGANIZED BUSINESS	Briefly Explain the Reorganization: _____	Date of Reorganization _____/_____/_____ New Legal Name _____ New Address _____ _____
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* TRANSFERRED/ SOLD OR ACQUIRED BUSINESS	Date Transferred/Sold or Acquired _____/_____/_____ 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 Transferred To: or <input type="checkbox"/> Business Acquired From: Legal Name _____ Trade Name _____ Address _____ _____ UI Account No. _____ Telephone No. (_____) _____
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OTHER CHANGE	Explain _____
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CONTACT PERSON	Above Information Supplied by _____	Date _____	Telephone Number (_____) _____
	Person to Contact for Additional Information _____		Telephone Number (_____) _____