

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 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. COMPLETE IF BUSINESS WILL NOT HAVE EMPLOYEES DURING THE NEXT 12 MONTHS OR LONGER:

<input type="checkbox"/> Business activity ended (business not sold) <input type="checkbox"/> Sale/transfer/reorganization of business activity/assets (complete Section D below) <input type="checkbox"/> No longer operating in Wisconsin, but still operating in another state <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 Wisconsin Employment / / Date of Last Wisconsin Payroll / /
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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
		Trade Name
	UI Account Number	Address
Phone Number ()		

E. OTHER CHANGES (PROVIDE EXPLANATION):