



Use this form to report changes in account information. Attach any documentation you feel is necessary.

UI Account #: \_\_\_\_\_ Legal Business Name: \_\_\_\_\_

Business Information Change

If your Legal Entity Type or Federal Identification Number (FEIN) has changed for any reason, complete the "Change in Ownership" section below or attach a letter.

Legal Business Name Changed to: \_\_\_\_\_
DBA Changed to: \_\_\_\_\_
Legal Entity Type Changed to: \_\_\_\_\_

Address Information Change

Select the address(es) you are changing and provide the new information. If you added locations, attach a list providing the full name, address and phone number of each location.

Primary Address Mailing Address Reporting Unit #: \_\_\_\_\_
Address 1: \_\_\_\_\_
Address 2: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_
Zip+4/Postal: \_\_\_\_\_ Phone: \_\_\_\_\_

Inactivate Account Request

Reason: [ ] Business closed (If sold or transferred, complete the "Change of Owner" section below.)
Date business closed: \_\_\_\_\_ Date last wages were paid: \_\_\_\_\_
[ ] Operating without employees in Iowa (Corporate officer salaries ARE wages and ARE taxable.) Date last wages were paid: \_\_\_\_\_
Bankruptcy Information - If your business has filed for bankruptcy, complete the information below.
Bankruptcy Court: \_\_\_\_\_ Attorney Name: \_\_\_\_\_
Chapter Number: \_\_\_\_\_ Type of Bankruptcy: \_\_\_\_\_ Address: \_\_\_\_\_
Case Number: \_\_\_\_\_ [ ] Personal City: \_\_\_\_\_ State: \_\_\_\_\_
Petition (File) Date: \_\_\_\_\_ [ ] Business Zip+4/Postal: \_\_\_\_\_ Phone: \_\_\_\_\_

Ownership Change - Includes Sale, Assumption, Merger, Transfer, Lease

Provide future address information in the Address Information Change section above.
Reason: [ ] Sold, merged, leased or transferred PART of Iowa business [ ] Sold, assumed, merged, leased or transferred ALL of Iowa business
Portion of Iowa business sold, merged, leased or transferred: \_\_\_\_\_
Legal date of transfer: \_\_\_\_\_
Date last wages were paid: \_\_\_\_\_
Does the business continue to generate Iowa payroll? [ ] Yes [ ] No
New Ownership Information - Provide the following information about the new owner, if known.
Owner Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_
Address 1: \_\_\_\_\_ Contact Phone: \_\_\_\_\_
Address 2: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4/Postal: \_\_\_\_\_

I certify that the information in this notice is complete and correct. If my account is inactive, I will notify Iowa Workforce Development immediately if employment in Iowa is resumed.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Information collected from employers by the Unemployment Insurance Services Division of Iowa Workforce Development may also be provided to various federal and state agencies as required or permitted by federal and state law.