

**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: _____
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**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.

<input type="checkbox"/> Primary Address <input type="checkbox"/> Mailing Address <input type="checkbox"/> Reporting Unit #: _____ Address 1: _____ Address 2: _____ City: _____ State: _____ Zip+4/Postal: _____ Phone: _____	<input type="checkbox"/> Primary Address <input type="checkbox"/> Mailing Address <input type="checkbox"/> Reporting Unit #: _____ Address 1: _____ Address 2: _____ City: _____ State: _____ Zip+4/Postal: _____ Phone: _____
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**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: _____
Case Number: _____	<input type="checkbox"/> Personal
Petition (File) Date: _____	<input type="checkbox"/> Business
	Address: _____
	City: _____ State: _____
	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.

Employer's Notice of Change 60-0111 (07-2018)

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Equal Opportunity Employer/Program  
 Auxiliary aids and services are available upon request to individuals with disabilities.  
 For deaf and hard of hearing, use Relay 711.