



## CHANGE OF EMPLOYER ACCOUNT INFORMATION

**Mail to:** Employment Development Department  
Account Services Group MIC 28  
PO Box 826880  
Sacramento CA 94280-0001

<b>ENTER YOUR E.D.D. ACCOUNT NUMBER:</b> _____ - _____ - _____ <b>Corporation/ Owner's Name:</b> _____ <b>Business (DBA) Name:</b> _____
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**PLEASE INDICATE CHANGES/CORRECTIONS THAT APPLY TO YOUR BUSINESS (A-1 BELOW):**

**A. Address Change / Correction:**      **Date of Change:** \_\_\_/\_\_\_/\_\_\_ (Enter address information in box 1)

1.	NUMBER AND STREET	CITY, STATE, AND ZIP CODE	PHONE NUMBER
			(   )

**B. Business Name (DBA) Change:** \_\_\_\_\_ **Date Of Change:** \_\_\_/\_\_\_/\_\_\_

**C. Corporation Name Change:** \_\_\_\_\_ **Date Of Change:** \_\_\_/\_\_\_/\_\_\_

**D. Personal Name Change (i.e.; marriage):** \_\_\_\_\_ **Date Of Change:** \_\_\_/\_\_\_/\_\_\_

**E. Discontinued Paying Wages. Date last wage payment was made:** \_\_\_/\_\_\_/\_\_\_

**F. If your payroll is now being reported by a Professional Employer Organization (PEO), please provide PEO information:**

PEO Name: \_\_\_\_\_ PEO Address: \_\_\_\_\_

**G. Out Of Business (Without A Successor). Date of Change:** \_\_\_/\_\_\_/\_\_\_ (Provide forwarding address in box 1)

**REMINDER:** Please submit your final Tax Deposit Coupon (DE 88) with payment, Quarterly Wage and Withholding Report (DE 6), and Annual Reconciliation Statement (DE 7), when discontinuing paying wages or upon going out of business.

**H. Change of Ownership – Date Of Change:** \_\_\_/\_\_\_/\_\_\_ (Mark appropriate box below, and complete box 2 if required):

- |  |   |
|--|---|
| <input type="checkbox"/> Partial Sale, Not Out-Of-Business | <input type="checkbox"/> Entire Business Sold (Enter successor[s] information in box 2)     |
| <input type="checkbox"/> Corporation Formed                | <input type="checkbox"/> Partnership To Sole (Enter sole proprietor's information in box 2) |
| <input type="checkbox"/> Corporation Dissolved             | <input type="checkbox"/> Other (Explain): _____   |

2.	OWNER'S NAME(S) FOLLOWING CHANGE OF OWNERSHIP	TITLE	BUSINESS NAME (DBA) / CORPORATION NAME	MAILING ADDRESS
New FEIN (Tax ID#): _____ - _____ OLD FEIN (Tax ID#): _____ - _____			SOS Corporation, LLC, LLP, or LP	
Explain reason for new Tax ID: _____			Identification #: _____	

**I. Change in Partner(s), Officer(s), Member(s), Manager(s), etc. (Mark appropriate box to Add [A], Withdraw [W] or if Not Applicable [N/A] in box 3, and enter the new information as required):**

3.	DATE OF CHANGE			INDIVIDUAL(S) TO BE ADDED/ WITHDRAWN/NOT APPLICABLE	TITLE	SOCIAL SECURITY #	DRIVER'S LICENSE #
	A	W	N/A				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___			

**Note: If business corporation/owner is represented by an authorized agent for employment tax purposes, the agent may sign below. A signed and properly executed power of attorney must be attached or on file. THE SIGNATURE OF ANY OTHER PERSON/THIRD PARTY WILL NOT BE ACCEPTED.**

*"I certify under penalty of perjury that the above information is true and correct, and that these actions are not being taken to receive a more favorable Unemployment Insurance Rate. I further certify that I have the authority to sign on behalf of the above business."*

_____ Signature	(   ) _____ Phone Number	___/___/___ Date
_____ Print Name	_____ Title (Officer, Owner, Member, GP, or Authorized Agent)	