NYS Department of Labor
Unemployment Insurance Division
Registration Section
State Office Campus
Albany, NY 12240-0339

IA 15 (01/18)

New York State Department of Labor

Change of Business Information for the Unemployment Insurance Program

Employer Registration Number

Employer legal name

Street or P.O. Box

City State ZIP code

To provide corrected or new information, fill out this form and send it to the address above or fax it to (518) 485-8010.

For help, contact (888) 899-8810 or www.labor.ny.gov

Your signature is required on the back of this form.

Part A – Federal Employer Identification Number

1. Enter your Federal Employer Identification Number (FEIN) if your FEIN ☐☐ -- ☐☐☐☐☐☐☐
   - Was not previously reported
   - Is incorrect
   - You reported under an ID other than your FEIN
   - Changed because of a change in business entity
     - Also complete Part B

Part B – Discontinuance of Business/ Change in Ownership/Name Changes

1. If your business or employment in NYS was permanently discontinued, provide the date this occurred: ☐☐☐☐☐☐ (mmddyy)

2. Indicate if your business in NYS was sold or transferred: ☐ All ☐ Part Enter date of change: ☐☐☐☐☐☐ (mmddyy)

   Name of new owner: _____

   Address of new owner: _____

3. If ownership*/business entity (i.e. partnership, sole proprietor, corporation, limited liability company (LLC), limited liability partnership (LLP) has changed, give the date: ☐☐☐☐☐☐ (mmddyy)
   * A corporate stock transfer or sale is not a change in ownership for Unemployment Insurance purposes.

   Explain: _____

4. Name changes:

   A. If your business is a corporation, LLC or LLP, you must make any legal name change with the Department of State (DOS). Contact DOS by telephone at (518) 473-2492 or write to 41 State Street, Albany, NY 12231. DOS processes the name change and notifies us of the change.

   B. If your business is a partnership and there is a change in partners, does your partnership agreement allow for a change in partners without dissolving the partnership? ☐ Yes ☐ No Enter date of change: ☐☐☐☐☐☐ (mmddyy)

   Name of new partnership: _____

   C. If your trade name (doing business as) changed, provide the new name:

   _____

5. If your business is a
   - corporation and there is a change in corporate officers or
   - partnership and there is a change in partners (including LLPs and RLLPs) or
   - LLC or PLLC and there is a change in members

   mark if an officer/partner/member was added (Add) or removed (Del.) in the section below.

Add	Del.	Name	Social Security account no.	Title	Residence
☐	☐				
☐	☐				
☐	☐				
☐	☐				

Address corrections are on the reverse side. Sign the back of this form.

Part C – Address/Telephone Information

Fill in any changes to your mailing addresses or physical location. If you want to have your UI mail sent to an address other than your place of business, complete number 4 below.

1. **Mailing Address:** This is your business mailing address where your Withholding Tax (WT) and Unemployment Insurance (UI) mail will be delivered. If you elect to have your UI mail sent to an address other than your place of business, complete under number 4 below.

   Street or PO Box: _____

   City:_____ State: _____ZIP Code:_____

   Telephone: (☐☐☐)☐☐☐ - ☐☐☐☐ ext:_____

2. **Physical Address:** This is the **physical** location of your business, ***if*** different from the Mailing Address in number 1.

   Street: _____

   City:_____ State: _____ZIP Code:_____

3. **Location of Books/Records:** This is the **physical** location where your Books and Records are maintained.

   Street: _____

   City:_____ State: _____ZIP Code:_____

   Telephone: (☐☐☐)☐☐☐ - ☐☐☐☐ ext:_____

Optional Addresses

4. **Agent Address (C/O):** Complete this if all your UI mail should be sent to an address other than your business address.

   C/O: _____

   Street or PO Box: _____

   City:_____ State: _____ZIP Code:_____

   Telephone: (☐☐☐)☐☐☐ - ☐☐☐☐ ext:_____

5. **LO 400 Form - Notice of Entitlement and Potential Charges Address:** If completed, this is where the LO 400 will be sent. (It is mailed each time a former employee files a claim for Unemployment Insurance benefits.)

   C/O: _____

   Street or PO Box: _____

   City:_____ State: _____ZIP Code:_____

   Telephone: (☐☐☐)☐☐☐ - ☐☐☐☐ ext:_____

I certify that the information on this form is true, correct, and complete to the best of my knowledge.

_____ Signature

_____ Title

( ) _____ Telephone number

_____ Date