

**New York State Department of Labor
 Change of Business Information form
 for the Unemployment Insurance Program**

To provide corrected or new information, return completed form to the address shown above or fax to (518) 485-8010

Need Help? Call (518) 457-2635

Signature required on reverse

Employer Registration no. _____

Employer Legal name _____

Street or PO Box _____

City _____ State _____ ZIP Code _____

Part A - Federal Employer Identification Number

1. Enter your Federal Employer Identification Number (FEIN) if your FEIN was not previously reported, is incorrect, or you have reported under an ID other than your FEIN. Also, enter your new FEIN if it has changed as a result of a change in business entity, and complete Part B.

____ - _____

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

1. If your business or employment in NYS was permanently discontinued, indicate the date this occurred.....

____ (mmddyy)

2. Indicate if your business in New York State was sold or transferred: All Part Enter date of transaction

____ (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, enter the date changed.....

____ (mmddyy)

Please explain: _____

*A corporate stock transfer or sale does not constitute a change in ownership for Unemployment Insurance purposes.

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). Please contact DOS by telephone at (518) 473-2492, or write to: 41 State Street, Albany, N.Y. 12231. DOS will process the name change and notify this agency accordingly.

B If your business is a partnership and there has been a change in partners, does your partnership agreement allow for a change in partners without a dissolution of the partnership? No Yes Enter date of change

____ (mmddyy)

Name of new partnership: _____

C If there has been a change in your trade name (doing business as), enter the new name:

5. If your business is a corporation and there has been a change in corporate officers, your business is a partnership and there has been a change in partners (including LLP's and RLLP's), or your business is a LLC or PLLC and there has been a change in members, indicate if an officer/partner/member is being added or removed (Del.), by completing the information below.

Add	Del.	Name	Social Security account no.	Title	Residence
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____

See reverse for address corrections

Part C - Address/Telephone Information

Please indicate if you have **changed** your mailing and/or physical location address. If you wish to provide us with **ADDITIONAL** addresses to direct specific forms, please indicate below.

1. MAILING ADDRESS:

This is **YOUR** business mailing address (*NOT your agent*) where all your Unemployment Insurance mail will be directed unless otherwise indicated.

*If all your Unemployment Insurance mail is to be received at this mailing address, **do not** complete sections 4 through 6.

Street or PO Box		
City	State	ZIP Code
Telephone ()		

2. PHYSICAL ADDRESS:

This is the **ACTUAL** location of your business if different from the mailing address, or if your mailing address is a P.O. Box. Please attach a separate sheet indicating changes for more than one physical location.

Street		
City	State	ZIP Code
Telephone ()		

3. BOOKS/RECORDS ADDRESS:

This is the physical location where your **BOOKS/RECORDS** can be found.

- Same as no. 1 Same as no. 2
 Other - please complete

c/o		
Street		
City	State	ZIP Code
Telephone ()		

ADDITIONAL ADDRESSES

4. AGENT ADDRESS (C/O):

This is the address of your **AGENT**, where all your Unemployment Insurance mail will be directed unless other addresses have been provided for the mailing of specific forms in sections 5 and/or 6.

c/o		
Street or PO Box		
City	State	ZIP Code
Telephone ()		

5. QUARTERLY COMBINED WITHHOLDING, WAGE REPORTING AND UNEMPLOYMENT INSURANCE RETURN (Form NYS-45) ADDRESS:

If completed this is the address to which your **NYS-45** will be directed.

- Same as No. 4 Other - please complete

c/o		
Street or PO Box		
City	State	ZIP Code
Telephone ()		

6. NOTICE OF ENTITLEMENT AND POTENTIAL CHARGES ADDRESS:

If completed, this is the address to which the Notice of Entitlement and Potential Charges will be mailed. This form is mailed each time a former employee files a claim for Unemployment Insurance benefits. Please attach a separate sheet if you need to indicate different Notice of Entitlement and Potential Charges addresses for more than one physical location.

c/o		
Street or PO Box		
City	State	ZIP Code
Telephone ()		

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

Your Signature	Your Title
Telephone Number ()	Date