

CHANGE OF EMPLOYER ACCOUNT INFORMATION

Mail to: Employment Development Department
 Account Services Group MIC 28
 P.O. Box 826880
 Sacramento CA 94280-0001

E.D.D. ACCOUNT NUMBER: _____ Corporation Owner's Name: _____ Business (DBA) Name: _____ Banking Institution: _____

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	TELEPHONE 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. 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 Dissolved | <input type="checkbox"/> Other (Explain): _____ |
| <input type="checkbox"/> Corporation Formed | <input type="checkbox"/> Change in Ownership Type (Add information in box 2 and explain Type) |
| <input type="checkbox"/> Purchase Price \$ _____ | |

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 Identification #: _____	
Explain reason for new Tax ID: _____				

F. Change in Partner(s), Officer(s), Member(s), Manager(s), etc. (Mark appropriate box to Add [A], Change [C], or Delete [D], and enter the new information as required.) Attach additional sheet(s) if needed.

3.				DATE OF CHANGE	INDIVIDUAL(S) TO BE ADDED/ CHANGED/DELETED	TITLE	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER
	A	C	D					
<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"/>		___/___/___				

G. No wages paid during entire quarter(s). Please enter the appropriate year and quarter in the boxes provided. (Example: YYYY/Q) _____

H. Discontinued Paying Wages. Date last wage payment was made: ___/___/____. **All required EDD TAX FORMS have been filed. (Attach Copies)**

I. If you currently use a Professional Employer Organization (PEO), please provide PEO information:
 PEO Name: _____
 PEO Address: _____
 PEO EDD Account Number: _____ PEO Start Date: _____

J. Out of Business (Without a Successor) on: ___/___/____. **(Provide forwarding address in box A1)**

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

() _____
Telephone Number

_____/_____/_____
Date

Print Name

Title (Officer, Owner, Member, GP, or Authorized Agent)