



EMPLOYER'S REPORT OF CHANGE

This form is used to update or make changes to your existing State Unemployment Insurance Account. Please provide your State Account Number, Company Name as shown on your quarterly reports, and Federal ID Number. Complete any sections you wish to change. The secondary address, if provided, will be used for mailing any Notice of Claim Filed. All other documents will be sent to the mailing address.

STATE ACCOUNT NUMBER	COMPANY NAME (AS PRINTED ON REPORTS)	FEDERAL ID NUMBER
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COMPANY NAME CHANGE	Business Name and DBA (if applicable)	MAILING ADDRESS CHANGE	
	CONTACT INFORMATION CHANGE	Contact Person's Name and Title	PHYSICAL ADDRESS CHANGE
	Telephone Number	SECONDARY ADDRESS CHANGE	
	Fax Number		
	Email Address		

Tennessee Employment Security Law provides for the mandatory transfer of an employer's benefit and premium experience whenever there is any common ownership, management or control between predecessor and successor employers. The transfer of workers between or among related entities is also subject to a mandatory transfer. Failure to disclose such transfers can result in assessment of a penalty rate. If you are closing your account due to an acquisition or merger, please complete a Report to Determine Status/ Application for Employer Number (LB-0441) for the new employing entity.

CLOSE OR INACTIVATE ACCOUNT	Last Date of Payroll	REACTIVATE ACCOUNT	Date employment resumed
	Reason for account closure or inactivation		Type of services provided in TN
	If transferring workers to a related entity, please provide the State Account Number.		If transferring workers from a related entity, please provide the State Account Number.
	Address for any future mailings		Current Mailing Address

I certify that the above information is true and correct.

Owner or Authorized Representative

Signature _____

Date _____

Title _____

Phone No. _____