

CHANGE IN STATUS REPORT

Account Number

Employer Name and Address:

Return to:
NC Dept. of Commerce
Division of Employment Security
P.O. Box 26504
Raleigh, NC 27611-6504

Nature of Change *(Please check as appropriate)*

A. Sold or otherwise transferred all or part of the business to:

Employer Name: _____ Date of Sale: _____
Trade Name: _____ Phone: () - _____
Address: _____

Was the entire business operation and all its incidents (including equipment, merchandise, raw materials) sold, transferred, or leased to new owner? Yes No

B. Partnership formed or changed. Explain *(including effective date)*:

C. Incorporated business (Effective date): _____

D. Ceased operations in North Carolina. Date operations ceased: _____

E. Operating without employees. Last date of employment: _____

F. Changed business name to: _____
(If corporation, furnish copy of corporate minutes or amended charter on file with the Secretary of State)

G. Changed: Business Location Mailing Address Telephone Number

New Address: _____ (Street) _____ (Telephone Number)
_____ (City) _____ (State) _____ (Zip Code)

H. Change in person to contact for tax matters:

_____ (Name)
_____ (Address)
_____ (Phone Number)

(Signature of person authorizing change)

For Agency Use Only	
Action Taken	
Operator	
Date	