MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF EMPLOYMENT SECURITY Phone: 573-751-3340
P.O. Box 59, Jefferson City, MO 65104-0059 Fax: 573-751-7483

# EMPLOYER CHANGE REQUEST

OFFICE USE ONLY
**A/N** _____
**LIA9**_____**-ID** _____

**CURRENT NAME/ADDRESS**

Name _____
Address _____
_____
_____
_____

☐ My Name or Address Has Changed

**FEDERAL ID NO. (FEIN)**

_____

Employer Account Number _____
Phone Number _____
E-mail _____

**I NO LONGER HAVE EMPLOYEES BECAUSE**

Date of Change _____ Date Last Wages were Paid in Missouri _____

☐ Closed Business ☐ Entire Business Sold ☐ Corporation/LLC formed/dissolved
☐ Operate without employees ☐ Merger ☐ Change in Partnership
☐ Lease Employees ☐ Partial Sale Only ☐ Stock Ownership or Officer/Member change
☐ Death of Owner → Date of Death _____
☐ Bankruptcy → Case # _____ Court _____
Date Filed _____ Chapter _____
☐ Use Independent Contractors → *Please attach list of contractors used including name, address, phone, SSN/FEIN.*
☐ Other *(please explain)* _____
_____

New Owner/Operator's Name, Address, and Telephone Number

_____
_____
_____

If this is a corporation, do/will the officers receive any type of compensation? ☐ Yes ☐ No
Did the new owner/operator continue your business without interruption? ☐ Yes ☐ No
Did the new owner/operator acquire 100% of your Missouri business activities? ☐ Yes ☐ No
If "No," indicate the percentage of Missouri business operations acquired: _____%
Explain what portion of the business was acquired _____
Is there common ownership, management or control with the previous owner/operator? ☐ Yes ☐ No

**New Owners, Partners, Officers**

Name _____ Name _____
Address _____ Address _____
City, State, ZIP _____ City, State, ZIP _____

**Previous Owners, Partners, Officers**

Name _____ Name _____
Address _____ Address _____
City, State, ZIP _____ City, State, ZIP _____

_____ _____
*Signature of Person Completing this Form* *Date*

_____ _____
*Print Name and Title* *Telephone Number*

***IMPORTANT**: If needed, call 573-751-3340 for assistance in the translation and understanding of the information in this document.*

***¡IMPORTANTE!**: Si es necesario, llame al 573-751-3340 para asistencia en la traducción y entendimiento de la información en este documento.*

*Missouri Division of Employment Security is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TDD/TTY: 800-735-2966 Relay Missouri: 711*