



Account No. _____

EMPLOYER CHANGE REQUEST

This form should be used when there is a change to business operations or the employer contact details.

Provide your Account Number in the space to the right. _____

1. Have you sold your Missouri business? Yes No
- a. If Yes, date of change _____
- b. Reason for Sale:
- Entire Business Sold Merger Corporation/LLC formed/dissolved
- Partial Sale Only Change in Partnership Stock Ownership or Officer/Member Change
- Other (explain) _____
- c. New Owner/Operator's Information:
- Name _____
- Address _____
- Employer Account Number _____ Phone Number _____
- Contact Person _____
- d. Did the new owner/operator continue your trade and business without interruption? Yes No
- e. Did the new owner/operator acquire 100% of your Missouri trade or business? Yes No
- i. If No, indicate the percentage of Missouri business acquired: _____%
- ii. Explain what portion of the business was acquired _____
- f. Is there common ownership, management or control with the previous owner/operator? Yes No
- i. If Yes, provide details for those owners, partners or officers that are common between both entities.

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

2. Do you have employees working in Missouri? Yes No
- a. If No, provide last date of payroll _____
- b. Reason for no employees:
- Closed Business Operate without Employees Use Independent Contractors
- Lease Employees Death of Owner Bankruptcy Case # _____
- Other (explain) _____
- Date of Death _____ Chapter _____
- Court _____

3. Current Employer Details:
- Name _____
- Phone Number _____ Federal ID (FEIN) _____
- Address _____
- Email _____

Signature _____ Date _____

Printed Name and Title _____ Phone Number _____

IMPORTANT: If needed, call 573-751-1995 for assistance in the translation and understanding of the information in this document.
¡IMPORTANTE! Si es necesario, llame al 573-751-1995 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