



**DIVISION OF
EMPLOYMENT
SECURITY**

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
TRANSFERRED CONSUMER REGISTRATION
(Consumers Previously with Another Vendor)

421 East Dunklin Street
P.O. Box 59
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573-751-1995
www.labor.mo.gov/DES

This form can be submitted to the Division via email at CDSTAX@labor.mo.gov. For questions please call 573-751-1995.

Vendor	Vendor FEIN
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*CONSUMER	SUTA NO.	*FEDERAL TAX ID	*SOCIAL SECURITY NO.	*1ST DATE PAID WAGES

*CONSUMER	SUTA NO.	*FEDERAL TAX ID	*SOCIAL SECURITY NO.	*1ST DATE PAID WAGES

*CONSUMER	SUTA NO.	*FEDERAL TAX ID	*SOCIAL SECURITY NO.	*1ST DATE PAID WAGES

*CONSUMER	SUTA NO.	*FEDERAL TAX ID	*SOCIAL SECURITY NO.	*1ST DATE PAID WAGES

*CONSUMER	SUTA NO.	*FEDERAL TAX ID	*SOCIAL SECURITY NO.	*1ST DATE PAID WAGES

* Required Information

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.*

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