



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 # \_\_\_\_\_

Date of Death \_\_\_\_\_

Chapter \_\_\_\_\_

☐ Other (explain) \_\_\_\_\_

Date Filed \_\_\_\_\_

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.

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