

CHANGE OF EMPLOYER ACCOUNT INFORMATION

Mail to: Employment Development Department
 Account Services Group, MIC 28
 P.O. Box 826880
 Sacramento, CA 94280-0001

EDD ACCOUNT NUMBER: _____ Corporation/ Owner's Name: _____ Business Name (DBA): _____ Banking Institution: _____

PLEASE INDICATE CHANGES/CORRECTIONS THAT APPLY TO YOUR BUSINESS (A-1 BELOW):

A. Address Change/Correction: Date of Change: ___/___/___ **(Enter address information in box 1)**

1.	NUMBER AND STREET	CITY, STATE, AND ZIP CODE	PHONE NUMBER
			()

B. Business Name (DBA) Change: _____ **Date of Change:** ___/___/___

C. Corporation Name Change: _____ **Date of Change:** ___/___/___

D. Personal Name Change (i.e., marriage): _____ **Date of Change:** ___/___/___

E. Change of Ownership - Date of Change: ___/___/___ **(Mark appropriate box below, and complete box 2 if required):**

- | | |
|---|--|
| <input type="checkbox"/> Partial Sale, Not Out-Of-Business
<input type="checkbox"/> Corporation Dissolved
<input type="checkbox"/> Corporation Formed
<input type="checkbox"/> Purchase Price \$ _____ | <input type="checkbox"/> Entire Business Sold (Enter successor[s] information in box 2)
<input type="checkbox"/> Other (Explain): _____
<input type="checkbox"/> Change in Ownership Type (Add information in box 2 and explain Type) |
|---|--|

2.	OWNER'S NAME(S) FOLLOWING CHANGE OF OWNERSHIP	TITLE	BUSINESS NAME (DBA)/ CORPORATION NAME	MAILING ADDRESS
New FEIN (Tax ID#): _____ OLD FEIN (Tax ID#): _____			SOS Corporation, LLC, LLP, or LP Identification #: _____	
Explain reason for new Tax ID: _____				

F. Change in Partner(s), Officer(s), Member(s), Manager(s), etc. (Mark appropriate box to Add [A], Change [C], or Delete [D], and enter the new information as required.) Attach additional sheet(s) if needed.

3.	DATE OF CHANGE			INDIVIDUAL(S) TO BE ADDED/ CHANGED/DELETED	TITLE	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER
	A	C	D				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___				

G. No wages paid during entire quarter(s). Please enter the appropriate year and quarter in the boxes provided. (Example: YYYY/Q) _____

H. Discontinued Paying Wages. Date last wage payment was made: ___/___/___ **. All required EDD TAX FORMS have been filed. (Attach Copies)**

I. If you currently use a Professional Employer Organization (PEO), please provide PEO information:
 PEO Name: _____
 PEO Address: _____
 PEO EDD Account Number: _____ PEO Start Date: _____

J. Out of Business (Without a Successor) on: ___/___/____. **(Provide forwarding address in box A-1)**

Note: If business corporation/owner is represented by an authorized agent for employment tax purposes, the agent may sign below. A signed and properly executed power of attorney must be attached or on file. THE SIGNATURE OF ANY OTHER PERSON/THIRD PARTY WILL NOT BE ACCEPTED.

"I certify under penalty of perjury that the above information is true and correct, and that these actions are not being taken to receive a more favorable Unemployment Insurance rate. I further certify that I have the authority to sign on behalf of the above business."

_____	_____ () _____	___/___/____
Signature	Phone Number	Date
_____	_____	
Print Name	Title (Officer, Owner, Member, GP, or Authorized Agent)	

Manage your payroll tax account online!
File reports, make deposits, update addresses, and much more.
Enroll now for e-Services for Business at <https://eddservices.edd.ca.gov>.

e-Services for Business. Online. Anytime.