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

MY FEDERAL ID NO. HAS CHANGED OR IS INCORRECT

_____

Employer Account Number _____
Phone Number _____
E-mail _____

I NO LONGER HAVE EMPLOYEES BECAUSE

Date of Change _____ Date Last Wages were Paid _____

☐ 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

_____
_____
_____
_____

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

Missouri Division of Employment Security is an equal opportunity employer/program.
Auxiliary aids and services are available upon request to individuals with disabilities.