UIA 1025 (Rev.02-20)

GOVERNOR

Authorized by MCL 421.1 et seq.

STATE OF MICHIGAN DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY GRETCHEN WHITMER UNEMPLOYMENT INSURANCE AGENCY

SUSAN R. CORBIN ACTING DIRECTOR

EMPLOYER REQUEST FOR NAME/ADDRESS CHANGE ONLY SUBMIT THIS FORM IF THERE IS A NAME OR ADDRESS CHANGE

Employer Account No.:			eral Employer ID No.:		
New Employer Name:					
DBA:					
Email Address:					
The Power of Attorney on file is resp		<u> </u>	ve. The address of a representative	should not be on this for	orm.
Physical Michigan Location of the Business (No Post Office Boxes)			Mailing Address		
Street Address 1:			Street Address 1:		
City	State	Zip Code	City	State	Zip Code
Street Address 2:			Street Address 2:		
City	State	Zip Code	City	State	Zip Code
Employer's Telephone Number:			Mailing Address belongs to: Corporate Office	□Owner	
Changing Account Inform sold or transferred owner merged, or changed your sold and print the following the following print the	ship of all or status as a sole Form UIA 1772 orm. Mail the	part of your proprietorship through your completed fo	business, formed a new or corporation, you must to Michigan Web Account Ma orm with your changes to	partnership or file Form UIA 177 anager (MiWAM)	corporation 2, <i>Notice o</i> or you may
You can also access your M changes, including FEIN ch documentation.		• •			
You MUST sign and date th	nis form, giving	your title and t	telephone number, before	changes will be a	ccepted.
Preparer:			Title:	_	
Date:					
Direct any questions to the	Office of Emplo	over Ombudsr	man (OEO) through your M	liWAM account a	t

www.michigan.gov/uia. TTY service is available at 1-866-366-0004.