Employer Request For Address/Name Change

Current Employer Name: ______________________________________________________________________________________________

UIA Employer Account No.: ________________________________ Federal Employer ID No. (FEIN): ________________________________

New Employer Name: ________________________________________________________________________________________________

DBA: ______________________________________________________________________________________________________________

E-Mail Address: ______________________________________________________________________________________________________

PLEASE DO NOT SUBMIT THIS FORM UNLESS THERE HAS BEEN A CHANGE IN NAME OR ADDRESS

Physical Location of the Business Mailing Address
No Post Office boxes, please. (Include both addresses, even if only one has changed.)

Street: Street:

City: City:

State: Zip Code: - State: Zip Code: -

E-Mail Address: E-Mail Address:

Employer’s Telephone Number: Mailing Address is:

Accountant/Employer Rep* Corporate Office Owner

*To request a change of mailing address to an employer representative (CPA, Service Bureau, Attorney, etc.) YOU MUST FILE A POWER OF ATTORNEY AUTHORIZATION FORM.

CHANGING ACCOUNT INFORMATION: If you have discontinued or ceased business activity, discontinued employment, sold or transferred ownership of all or part of your business, formed a new partnership or corporation, merged, or changed your status as a sole proprietorship or corporation, you must file a Report of Discontinuance or Disposition of Business, Form UIA 1772.

To request Form UIA 1772, check here ☐ or call the number(s) listed below.

THE CORRECTION OF A PREVIOUSLY FILED REPORT (UIA 1020) MUST BE MADE ON AN Amended Quarterly Tax Report, Form UIA 1021. Other changes, including FEIN changes or bankruptcy filing, etc., must be submitted in writing with supporting documentation. YOU MUST sign and date this form, giving your title and telephone number, before changes will be accepted.

Preparer: ___________________________ Title: ___________________________

Date: ___________________________ Preparer Telephone No.: ___________________________

If you need assistance, telephone 1-800-638-3994, outside Michigan 1-313-456-2180.

Mail this form with your changes to the above address, or fax to (313) 456-2130.

FORMS MAY BE FAXED TO YOU 24 HOURS A DAY BY CALLING: 1-800-638-3994 FORMS CAN ALSO BE OBTAINED ON OUR WEBSITE: www.michigan.gov/uia.

LARA is an Equal Opportunity Employer/Program.