

Change in Status Report

Please Type or Print in Black Ink or File Online in NCSUITS

NC Dept. of Commerce Division of Employment Security
Post Office Box 26504
Raleigh, N.C. 27611-6504

DES Employer Account Number:

Employer Name:

Address:

Section 1 - Reason for Changes

What updates or changes are you requesting?

Was there a change to the legal or trade name, addresses, phone numbers, fax number, and/or email address?

Yes No **(If yes, go to section 2 and complete the changes that pertain to the business)**

Was there a change or update to the owners, officers, partners or fiduciaries?

Yes No **(If yes, go to section 3 and complete the changes that pertain to the business)**

Was an addition, change or update needed to the contact person?

Yes No **(If yes, go to section 4 and complete the changes that pertain to the business)**

Did you contract with a PEO (Professional Employer Organization), begin operating without employees, convert from a C-corporation to S-corporation, have a change in partnership, or cease operations in North Carolina? Did you change the business status such as incorporate or convert to a (LLC) Limited Liability Company. Do you need to report a change in the (FEIN) Federal Employer Identification number from the Internal Revenue Service?

Yes No **(If yes, go to section 5 and complete the changes that pertain to the business)**

Did the business resume employment in North Carolina?

Yes No **(If yes, go to section 6 and complete the changes that pertain to business)**

Did you sell, merge, or transfer all or part of the North Carolina business?

Yes No **(If yes, go to section 7 and complete the changes that pertain to the business)**

Section 2 - Change to the Legal or Trade Name, Addresses, Phone Numbers, Fax Number, and/or Email Address

Business Legal Name:

Trade or Doing Business As Name:

Address Change Type (Check all that apply to address change provided) (If additional changes are required attach a list with the address type and address change):

Mailing Legal Physical Claims Rate Notice/Reimbursement Statement Billing

Address Line 1:

Address Line 2:

City: State: Zip Code: -

County: Country:

Physical Location Address must be an NC address (If no physical business location in NC, enter physical location of the primary employee)"

Check here if physical address is the address of an employee

Business Fax Number: () - Email address:

Provide changes for Parent Corporation, Sole Proprietor, All General Partners, Principal Corporate Officers, Members or Fiduciaries (**Attach a list for those for which there is no space**)

Section 4 – Addition, Change or Update Needed to the Contact Person (For Additional Changes Attach Another Page)

Add Remove Update

Contact First Name: Contact Last Name:

Contact Type: _____ Title: _____

Address Line 1:

Address Line 2:

City: _____ State: _____ Zip Code: _____

County: Country:

Phone Number: () - Cell Home Office

Fax Number: () - Email Address:

Add Remove Update

Contact First Name: Contact Last Name:

Contact Type: _____ Title: _____

Address Line 1:

Address Line 2:

City: _____ State: _____ Zip Code: _____

County: Country:

Phone Number: () - Cell Home Office

Fax Number: () - Email Address:

Section 5 – Change in Business Status (Inactivation):

Operating business without employees Date:

Are the employees being reported by a PEO (Professional Employer Organization)? Yes No

Provide name of the PEO that you have contracted with:

Changed from C-Corporation to S-Corporation Date:

Change in partnership Date:

Ceased operations in North Carolina, No Successor
 Date: _____

The following three changes in business status require a new employer account. Please, register at des.nc.gov.

*Incorporated business or converted business to a LLC Date:

*Change in business organization from one tax entity type to another Date:

*Received a new Federal Employer Identification Number from the IRS Date:

Section 6 – Resumed NC Employment

Resumed Employment in NC: Yes No Date:

Section 7 – Sold, Merged, or Transferred all or part of the North Carolina business:

Sold or transferred all or part of the North Carolina business to: Date of Acquisition:

Employer Name: Employer ID:

Employer FEIN: Employer Phone: () -

Employer Address:

Was all or part of the NC business sold or transferred: all part , if part what percentage %

Is there common ownership, management, or control between the two entities? Yes No

How many employees were transferred to/rehired by the Successor during the acquisition?

How many employees were retained by the Predecessor after the acquisition?

Does the former owner/operator continue to have payroll or employees in North Carolina? Yes No

Was there a buy/sell agreement? Yes No

Was the business in bankruptcy at the time the business was sold? Yes No

Section 8 – Certification

Be Sure That All Applicable Items are Completed Before Signing

I certify that the information entered on this form is true and accurate, and that I am authorized by the named employing unit to complete this report for determining unemployment tax liability.

Must Be Signed By One of the Following: Proprietor, Partner, President, Vice President, Corporate Secretary, Treasurer, CEO, CFO, COO, Member, Executive Director, Fiduciary

Signature: Date:

Printed Name: Title:

Email: Phone:() -