



Phone Number: ( B ) - Cell Home Office

Business Fax Number: ( ) - Email address:

**Section 3 – Change or update to the owners, officers, partners or fiduciaries (For additional changes attach another page)**

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)**

**Add Remove Update**

First, Middle and Last Name or Business Name

SSN/FEIN: Title: Percentage of Ownership:

Is owner compensated for their services: Yes No

Date of Ownership: End Date of Ownership:

Address Line 1:

Address Line 2:

City: State: Zip Code: -

County: Country:

Email Address:

Phone Number: ( ) - Cell Home Office Fax Number: ( ) -

Alternate Phone Number 1: ( ) - Cell Home Office

Alternate Phone Number 2: ( ) - Cell Home Office

**Add Remove Update**

First, Middle and Last Name or Business Name

SSN/FEIN: Title: Percentage of Ownership:

Is owner compensated for their services: Yes No

Date of Ownership: End Date of Ownership:

Address Line 1:

Address Line 2:

City: State: Zip Code: -

County: Country:

Email Address:

Phone Number: ( ) - Cell Home Office Fax Number: ( ) -

Alternate Phone Number 1: ( ) - Cell Home Office

Alternate Phone Number 2: ( ) - Cell Home Office

**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](http://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: \_\_\_\_\_

