

**CHANGE IN STATUS REPORT**

Account Number

\_\_\_\_\_

Employer Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return to:

NC Dept. of Commerce  
Division of Employment Security  
P.O. Box 26504  
Raleigh, NC 27611-6504

**Nature of Change** *(Please check as appropriate)*

A. Sold or otherwise transferred all or part of the business to:

Employer Name: \_\_\_\_\_ Date of Sale: \_\_\_\_\_  
Trade Name: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_  
Address: \_\_\_\_\_

Was the entire business operation and all its incidents (including equipment, merchandise, raw materials) sold, transferred, or leased to new owner?  Yes  No

B. Partnership formed or changed. Explain *(including effective date)*: \_\_\_\_\_

C. Incorporated business (Effective date): \_\_\_\_\_

D. Ceased operations in North Carolina. Date operations ceased: \_\_\_\_\_

E. Operating without employees. Last date of employment: \_\_\_\_\_

F. Changed business name to: \_\_\_\_\_  
*(If corporation, furnish copy of corporate minutes or amended charter on file with the Secretary of State)*

G. Changed:  Business Location  Mailing Address  Telephone Number

New Address: \_\_\_\_\_ ( ) - \_\_\_\_\_  
*(Street) (Telephone Number)*  
\_\_\_\_\_ (City) (State) \_\_\_\_\_ (Zip Code)

H. Change in person to contact for tax matters:  
\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_ ( ) - \_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Signature of person authorizing change)

<b><i>For Agency Use Only</i></b>	
Action Taken	_____
Operator	_____
Date	_____