



New York State Department of Labor

Employer Registration Number

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Employer legal name

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Street or P.O. Box

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City State ZIP code

**Change of Business Information for the Unemployment Insurance Program**

To provide corrected or new information, fill out this form and send it to the address above or fax it to (518) 485-8010.

For help, contact (888) 899-8810 or [www.labor.ny.gov](http://www.labor.ny.gov)

**Your signature is required on the back of this form.**

**Part A – Federal Employer Identification Number**

1. Enter your Federal Employer Identification Number (FEIN) if your FEIN   --
- Was not previously reported
  - Is incorrect
  - You reported under an ID other than your FEIN
  - Changed because of a change in business entity
    - Also complete Part B

**Part B – Discontinuance of Business/ Change in Ownership/Name Changes**

1. If your business or employment in NYS was permanently discontinued, provide the date this occurred:        
 (mmddyy)

2. Indicate if your business in NYS was sold or transferred:  All  Part Enter date of change:        
 (mmddyy)

Name of new owner: \_\_\_\_\_

Address of new owner: \_\_\_\_\_

3. If ownership\*/business entity (i.e. partnership, sole proprietor, corporation, limited liability company (LLC), limited liability partnership (LLP) has changed, give the date:        
 (mmddyy)

\* A corporate stock transfer or sale is not a change in ownership for Unemployment Insurance purposes.

Explain: \_\_\_\_\_

4. Name changes:
- A. If your business is a corporation, LLC or LLP, you must make any legal name change with the Department of State (DOS). Contact DOS by telephone at (518) 473-2492 or write to 41 State Street, Albany, NY 12231. DOS processes the name change and notifies us of the change.

- B. If your business is a partnership and there is a change in partners, does your partnership agreement allow for a change in partners without dissolving the partnership?  Yes  No Enter date of change:        
 (mmddyy)

Name of new partnership: \_\_\_\_\_

- C. If your trade name (doing business as) changed, provide the new name: \_\_\_\_\_

5. If your business is a
- corporation and there is a change in corporate officers or
  - partnership and there is a change in partners (including LLPs and RLLPs) or
  - LLC or PLLC and there is a change in members
- mark if an officer/partner/member was added (Add) or removed (Del.) in the section below.

Add	Del.	Name	Social Security account no.	Title	Residence
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____

**Address corrections are on the reverse side. Sign the back of this form.**

**Part C – Address/Telephone Information**

Fill in any changes to your mailing addresses or physical location. If you want to have your UI mail sent to an address other than your place of business, complete number 4 below.

<p>1. <b>Mailing Address:</b> This is your business mailing address where your Withholding Tax (WT) and Unemployment Insurance (UI) mail will be delivered. If you elect to have your UI mail sent to an address other than your place of business, complete under number 4 below.</p> <p>Street or PO Box: _____</p> <p>City: _____ State: _____ ZIP Code: _____</p> <p>Telephone: (____)____ - _____ ext: _____</p>
<p>2. <b>Physical Address:</b> This is the <b>physical</b> location of your business, <i>if</i> different from the Mailing Address in number 1.</p> <p>Street: _____</p> <p>City: _____ State: _____ ZIP Code: _____</p>
<p>3. <b>Location of Books/Records:</b> This is the <b>physical</b> location where your Books and Records are maintained.</p> <p>Street: _____</p> <p>City: _____ State: _____ ZIP Code: _____</p> <p>Telephone: (____)____ - _____ ext: _____</p>

**Optional Addresses**

<p>4. <b>Agent Address (C/O):</b> Complete this if all your UI mail should be sent to an address other than your business address.</p> <p>C/O: _____</p> <p>Street or PO Box: _____</p> <p>City: _____ State: _____ ZIP Code: _____</p> <p>Telephone: (____)____ - _____ ext: _____</p>
<p>5. <b>LO 400 Form - Notice of Entitlement and Potential Charges Address:</b> If completed, this is where the LO 400 will be sent. (It is mailed each time a former employee files a claim for Unemployment Insurance benefits.)</p> <p>C/O: _____</p> <p>Street or PO Box: _____</p> <p>City: _____ State: _____ ZIP Code: _____</p> <p>Telephone: (____)____ - _____ ext: _____</p>

I certify that the information on this form is true, correct, and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

( ) \_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date