

Employer's Notice of Change

60-0111 (03-12)



Smart. Results.

Unemployment Insurance Tax Bureau
1000 E Grand Ave
Des Moines IA 50319-0209
Phone: 888-848-7442 option #3 then option #7

Use this form to report changes in account information.
Attach any documentation you feel is necessary.

UI Account #: _____ Legal Business Name: _____

Business Information Change

If your **Legal Entity Type** or **Federal Identification Number (FEIN)** has changed for any reason, complete the "Change in Ownership" section below or attach a letter.

Legal Business Name Changed to: _____ DBA Changed to: _____	Legal Entity Type Changed to: _____
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Address Information Change

Select the address(es) you are changing and provide the new information. If you added locations, attach a list providing the full name, address and phone number of each location.

<input type="checkbox"/> Primary Address <input type="checkbox"/> Mailing Address <input type="checkbox"/> Reporting Unit #: _____	<input type="checkbox"/> Primary Address <input type="checkbox"/> Mailing Address <input type="checkbox"/> Reporting Unit #: _____
Address 1: _____	Address 1: _____
Address 2: _____	Address 2: _____
City: _____ State: _____	City: _____ State: _____
Zip+4/Postal: _____ Phone: _____	Zip+4/Postal Code: _____ Phone: _____

Inactivate Account Request

Reason: Business closed (If sold or transferred, complete the "Change of Owner" section below.)
Date business closed: _____ Date last wages were paid: _____

Operating without employees in Iowa (Corporate officer salaries ARE wages and ARE taxable.) Date last wages were paid: _____

Bankruptcy Information - If your business has filed for bankruptcy, complete the information below.

Bankruptcy Court: _____ Attorney Name: _____

Chapter Number: _____ Type of Bankruptcy: _____ Address: _____

Case Number: _____ Personal City: _____ State: _____

Petition (File) Date: _____ Business Zip+4/Postal Code: _____ Phone: _____

Ownership Change - Includes Sale, Assumption, Merger, Transfer, Lease

Provide future address information in the Address Information Change section above.

Reason: Sold, merged, leased or transferred PART of Iowa business Sold, assumed, merged, leased or transferred ALL of Iowa business

Portion of Iowa business sold, merged, leased or transferred:

Legal date of transfer: _____
Date last wages were paid: _____

Does the business continue to generate Iowa payroll? Yes No

New Ownership Information - Provide the following information about the new owner, if known.

Owner Name: _____ Contact Person: _____

Address 1: _____ Contact Phone: _____

Address 2: _____

City: _____ State: _____ Zip+4/Postal: _____

I certify that the information in this notice is complete and correct. If my account is inactive, I will notify Iowa Workforce Development immediately if employment in Iowa is resumed.

Signature: _____ Title: _____

Print Name: _____ Phone: _____ Date: _____

NOTE: Information collected from employers by the Unemployment Insurance Services Division of Iowa Workforce Development may also be provided to various federal and state agencies as required or permitted by federal and state law.



Equal Opportunity Employer/Program
Auxiliary aids & services are available upon request to individuals with disabilities.
For deaf and hard of hearing, use Relay 711.