Louisiana Workforce Commission
U.I. Tax Liability and Adjudication Unit
PO Box 94050
Baton Rouge, LA 70804-9050

Employer's Report of Change

DISCARD THIS PAGE IF THERE ARE NO CHANGES

PART A. Current Account Information

1. Employer Account Number

3A. Employer Name, DBA, and Mailing Address

4A. Physical Location of Business in Louisiana

5A. Business Phone Number

6A. Business Fax Number

7A. E-Mail Address

8A. Louisiana Revenue Number

9A. Federal ID Number (FEIN)

PART B. Correct Information

2. Has Business Ceased Operation? ☐ YES ☐ NO

3B. Enter corrections to Items 3A – 9A
Answer Part C if any changes to Name or FEIN

Name: _____

DBA: _____

Address: _____

City: _____ State: _____ Zip: _____

4B. Address: _____
City: _____ State: _____ Zip: _____

5B. ☐☐☐-☐☐☐-☐☐☐☐ Ext. ☐☐☐☐☐

6B ☐☐☐-☐☐☐-☐☐☐☐

7B. _____

8B. ☐☐☐☐☐☐☐☐☐☐☐☐

9B. ☐☐-☐☐☐☐☐☐☐

If FEIN change is for new owner or due to contract with PEO/Leasing, answer PART C.

PART C. Current Information

1. Has the legal status of your business changed? ☐ Y ☐ N
(EXAMPLES OF LEGAL STATUS CHANGE:
FEIN # CHANGE, INDIVIDUAL TO CORPORATION, CORPORATION TO LLC, ETC.)

2. Has the business named in 3A purchased another business? ☐ Y ☐ N

3. Has the business named in 3A been sold? ☐ Y ☐ N

4. Do you have a contract with a PEO/Leasing organization? ☐ Y ☐ N

IF YOU ANSWERED YES TO ANY OF THE QUESTIONS IN PART C, PROCEED TO PART D

PART D

1. Effective Date of Change: ☐☐☐☐☐☐ (M M D D Y Y)

2. Date Last Wages Paid for Account in 3A: ☐☐☐☐☐☐ (M M D D Y Y)

3. Enter information of Business purchased, New Owner, or PEO:

Employer Name: _____

Trade Name or DBA: _____

Address: _____

City: _____ State: ☐☐ Zip: ☐☐☐☐☐

Contact Person: _____ Phone: ☐☐☐-☐☐☐-☐☐☐☐

PART E. Name changes for Corporate Entities cannot be updated until you provide certification of the changes from the Office of the Secretary of State.

Direct questions regarding this form to:

Enter the Name and Phone number of the person to contact regarding information for this account.

Signature		Printed Name
Title	Date	Phone Number

I certify that the information on this report is true and correct.

4A Rev 0/08

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File online at: **http://www.laworks.net**