

**CHANGE OF EMPLOYER ACCOUNT INFORMATION**

**Mail to:** Employment Development Department  
Account Services Group, MIC 28  
P.O. Box 826880  
Sacramento, CA 94280-0001

<b>EDD ACCOUNT NUMBER:</b> _____ <b>Corporation/ Owner's Name:</b> _____ <b>Business Name (DBA):</b> _____ <b>Banking Institution:</b> _____
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**PLEASE INDICATE CHANGES/CORRECTIONS THAT APPLY TO YOUR BUSINESS (A-1 BELOW):**

**A. Address Change/Correction: Date of Change:** \_\_\_/\_\_\_/\_\_\_ **(Enter address information in box 1)**

1.	NUMBER AND STREET	CITY, STATE, AND ZIP CODE	PHONE NUMBER
			( )

**B. Business Name (DBA) Change:** \_\_\_\_\_ **Date of Change:** \_\_\_/\_\_\_/\_\_\_

**C. Corporation Name Change:** \_\_\_\_\_ **Date of Change:** \_\_\_/\_\_\_/\_\_\_

**D. Personal Name Change (i.e., marriage):** \_\_\_\_\_ **Date of Change:** \_\_\_/\_\_\_/\_\_\_

**E. Change of Ownership - Date of Change:** \_\_\_/\_\_\_/\_\_\_ **(Mark appropriate box below, and complete box 2 if required):**

- Partial Sale, Not Out-Of-Business
- Corporation Dissolved
- Corporation Formed
- Purchase Price \$ \_\_\_\_\_
- Entire Business Sold **(Enter successor[s] information in box 2)**
- Other **(Explain):** \_\_\_\_\_
- Change in Ownership Type **(Add information in box 2 and explain Type)**

2.	OWNER'S NAME(S) FOLLOWING CHANGE OF OWNERSHIP	TITLE	BUSINESS NAME (DBA)/ CORPORATION NAME	MAILING ADDRESS

**New FEIN (Tax ID#):** \_\_\_\_\_ **OLD FEIN (Tax ID#):** \_\_\_\_\_

**Explain reason for new Tax ID:** \_\_\_\_\_

**SOS Corporation, LLC, LLP, or LP Identification #:** \_\_\_\_\_

**F. Change in Partner(s), Officer(s), Member(s), Manager(s), etc. (Mark appropriate box to Add [A], Change [C], or Delete [D], and enter the new information as required.) Attach additional sheet(s) if needed.**

3.	A	C	D	DATE OF CHANGE	INDIVIDUAL(S) TO BE ADDED/ CHANGED/DELETED	TITLE	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___				

**G. No wages paid during entire quarter(s). Please enter the appropriate year and quarter in the boxes provided. (Example: YYYY/Q) \_\_\_\_\_**

**H. Discontinued Paying Wages. Date last wage payment was made:** \_\_\_/\_\_\_/\_\_\_ . **All required EDD TAX FORMS have been filed. (Attach Copies)**

**I. If you currently use a Professional Employer Organization (PEO), please provide PEO information:**  
 PEO Name: \_\_\_\_\_  
 PEO Address: \_\_\_\_\_  
 PEO EDD Account Number: \_\_\_\_\_ PEO Start Date: \_\_\_\_\_

J. Out of Business (Without a Successor) on: \_\_\_/\_\_\_/\_\_\_\_. **(Provide forwarding address in box A-1)**

**Note: If business corporation/owner is represented by an authorized agent for employment tax purposes, the agent may sign below. A signed and properly executed power of attorney must be attached or on file. THE SIGNATURE OF ANY OTHER PERSON/THIRD PARTY WILL NOT BE ACCEPTED.**

*"I certify under penalty of perjury that the above information is true and correct, and that these actions are not being taken to receive a more favorable Unemployment Insurance rate. I further certify that I have the authority to sign on behalf of the above business."*

_____	_____ ( ) _____	___/___/____
Signature	Phone Number	Date
_____	_____	
Print Name	Title (Officer, Owner, Member, GP, or Authorized Agent)	

Manage your payroll tax account online!  
File reports, make deposits, update addresses, and much more.  
Enroll now for e-Services for Business at <https://eddservices.edd.ca.gov>.

e-Services for Business. Online. Anytime.