

WYOMING EMPLOYER'S NOTICE OF CHANGE



Use these documents to report changes of address, name, telephone number, addition or change of federal ID number, change of account status or sale of a portion or all of the business. Complete all sections that apply by marking the appropriate choice and providing ALL information as requested in particular section, date and sign below. **Please do not send the form if there are no changes.** Attach documentation as needed.

Unemployment Insurance Number:
IRS Tax ID (FEIN):

Worker's Compensation Number:

CHANGE IN NAME AND /OR FEDERAL IDENTIFICATION NUMBER:

Effective Date of Change:	Legal Name Changed To:
Federal IRS/Employer Identification (FEIN) Changed to: Reason for change Change in Entity <input type="checkbox"/> Yes <input type="checkbox"/> No	Business Name Changed To:

CHANGE IN ADDRESS:

Effective Date of Change:	Physical Address (Attach list if more than one location):
Telephone Number:	
Unemployment Mailing Address for Tax Info:	Worker Compensation Mailing Address for Tax Info (WC only summary reports):
Unemployment Mailing Address for Benefit Info:	Workers Compensation for General and Claims Info:

REQUEST TO CLOSE ACCOUNT:

BANKRUPTCY INFORMATION:

<input type="checkbox"/> Closed Business. Date Last Wages Paid: _____ <input type="checkbox"/> Operating Without Employees. Date Last Wages Paid: _____ If a Corporation or Limited Liability Company, does the corporation or LLC continue to operate in Wyoming? <input type="checkbox"/> Yes <input type="checkbox"/> No Will corporate officers/owners who reside in Wyoming continue to receive any form of compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bankruptcy Petition #: Petition Date Chapter #: Judicial District: Attorney Name: Address: Telephone#:
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CHANGE IN OWNERSHIP-INCLUDES SALE, MERGER, TRANSFER, LEASE:

Sold, Leased, or Transferred <input type="checkbox"/> PART of Business <input type="checkbox"/> ALL of Business	Date of Sale:	Seller's Last Day of Payroll:
Does Seller Retain Some Business with Payroll?	Acquiring Party's Name, Address, and Phone Number:	
Percentage of Business Sold: (identify location & assets)		
Stock Sale only <input type="checkbox"/> Yes <input type="checkbox"/> No		

Printed Name _____ Signature _____

Title _____ Phone Number _____ Date _____

Email Address _____

Return this form to:
 Wyoming Department of Workforce Services –
 Registration Unit
 PO Box 2760
 Casper, WY 82602
 Phone (307) 235-3217
 Fax (307) 235-3278