New York State Department of Labor
Unemployment Insurance Division
Registration Section
1220 Washington Ave.
Building 12, Room 212
Albany, NY 12226

NEW YORK STATE | Department of Labor
WORKING FOR YOU

New York State Department of Labor

Change of Business Information for the Unemployment Insurance Program

The fastest and easiest way to update your account is through Unemployment Services. Go to https://uiservices.labor.ny.gov to sign up or access your account. You may also fill out this form, **which must include your signature**, and send it to the address above or fax it to (518) 485-8010.

For more information about Unemployment Services, visit www.dol.ny.gov. If you need help with this form, call the Employer Hotline (888) 899-8810.

___ ___ - ___ ___ ___ ___ ___
Employer Registration Number

Employer legal name

Street or P.O. Box

City State Zip

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: ____/____/_____
2. Indicate if your business in NYS was sold or transferred:
   ☐ All ☐ Part Enter date of change: ____/____/_____
   Legal name of business: _____
   Address of business: _____
3. If ownership*/business entity (i.e. partnership, sole proprietor, corporation, limited liability company (LLC), limited liability partnership (LLP) has changed, give the date: ____/____/_____
   *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: ____/____/_____
      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 on the following page.

Add	Del	Name	Social Security account no.	Title	Residence
☐	☐				
☐	☐				
☐	☐				
☐	☐				

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.

1. **Mailing Address:** 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.
   Street or PO Box: _____
   City: _____ State: _____ Zip code: _____
   Telephone: (_____) _____ - _____ ext: _____
2. **Physical Address:** This is the physical location of your business, if different from the Mailing Address in number 1.
   Street: _____
   City: _____ State: _____ Zip code: _____
3. **Location of Books/Records:** This is the physical location where your Books and Records are maintained.
   Street: _____
   City: _____ State: _____ Zip code: _____
   Contact person: _____
   Telephone: (_____) _____ - _____ ext: _____

Optional Addresses

4. **Agent Address (C/O):** Complete this if all your UI mail should be sent to an address other than your business address.
   C/O: _____
   Street or PO Box: _____
   City: _____ State: _____ Zip code: _____
   Contact person: _____
   Telephone: (_____) _____ - _____ ext: _____
5. **LO 400 Form - Notice of Entitlement and Potential Charges Address:** 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.)
   C/O: _____
   Street or PO Box: _____
   City: _____ State: _____ Zip code: _____
   Contact person: _____
   Telephone: (_____) _____ - _____ ext: _____

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

_____ _____
Signature Title

(_____) _____ - _____ _____/_____/_____