

STATE OF NEBRASKA
 DEPARTMENT OF LABOR
 UNEMPLOYMENT INSURANCE TAX
 PO BOX 94600
 LINCOLN, NE 68509-4600

Phone: 402.471.9898
 Fax: 402.471.9994

**EMPLOYER'S
 NOTICE OF CHANGE**

Employer Account Number
Federal Id Number
Employer Name

**Return this form only if there are changes,
 or submit at dol.nebraska.gov and click on UIConnect**

1. Change in Legal Name, Trade Name, Address and/or Federal Employer Identification Number.		
Effective Date of change:	Mailing address changed to: (Street, City, State, Zip Code)	
Legal Name changed to:		
Trade Name Doing Business As changed to:	Phone Number changed to:	Business Location changed to: (Street, City, State, Zip Code)
Additional Nebraska locations added. Attach list providing full name and address of each location.	If Federal Employer Identification Number (FEIN) has changed for any reason, complete "Change of Ownership" section 3 below.	

2. Request Account to be Placed on Inactive Status.		
Closed business. Date last wages paid: Reason closed: If sold, transferred or incorporated complete "Change of Ownership" section 3.	BANKRUPTCY INFORMATION-If Applicable	
	Bankruptcy Petition #	State/District where filed
Operate without workers in Nebraska. Provide explanation: Corporate officer remunerations are wages and are reportable and taxable.	Use Subcontractors. Provide names, trade names, addresses and phone numbers of each. Attach list if necessary.	
Other. Provide explanation:		

3. Change of Ownership – includes sale, merger, transfer, lease, incorporation.		New FEIN:
Type of change <input type="checkbox"/> Entire Business Sold <input type="checkbox"/> Incorporation of existing business	<input type="checkbox"/> Reorganization of existing business <input type="checkbox"/> Merger with existing business <input type="checkbox"/> Stock Ownership Change (Provide list of officers) <input type="checkbox"/> Other _____	Date of Acquisition
Were services performed after the date of acquisition? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain _____		
New Owner's Legal Business or Individual Name	New Owner's DBA or Trade Name, if different from Legal Name	
New Owner's Address (Street, City, State, Zip Code)	Contact Name	
	Phone Number	
Partial Sale Only – Explain what portion(s) of the business was acquired and the percentage of total business acquired. _____		
What portion of the business do you still operate? _____		
Will any of your workers be employed by the new owner listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____		

I certify that the information provided in this report is true and correct to the best of my knowledge and belief.

Preparer's Name (please print)	Title	Phone Number
Signature	Date	