Alabama Department of Workforce
Unemployment Compensation Division
Status Unit Room 4201
Montgomery, Alabama 36131
Phone: 334-954-4730 Fax: 334-954-4731
Status@Labor.Alabama.Gov

Report of Employer Account Changes

Employer Account Number _____ **Federal ID Number** _____

Business Name _____

New Mailing Address: ☐ Tax ☐ Benefits ☐ Both

_____

_____

_____

_____

New Physical Location:

_____

_____

_____

_____

Telephone #:

(_____) ____-_____ext._____

Corporate Name Change:

_____

*Articles of Amendment must be attached.

Close/Inactivate SUI Account

Please close account effective: ___/__ /_____ for the reason listed below:

1) ☐ Ceased employment.

2) ☐ Discontinued business.

3) ☐ *Leasing employees (PEO).

4) ☐ *Entire business sold.

5) ☐ *Portion of business sold. Number of employees transferred: ____.

6) ☐ *Merger.

*If yes to 3, 4, 5 or 6 please provide the new owner/company's name, address and phone# below:

_____

If there has been a change in Federal ID number, it will be necessary to register as a successor. You may register at www.Labor.Alabama.Gov/egov . If there was no change to the FEIN but there has been a change in partners or type of entity download and submit the paper Form SR-2.

Signature: _____ **Title:** _____ **Date:** ____ /____ /____

This form must be signed and dated by an authorized person, including their title or the changes will not be processed. If signed by an independent accountant we must have a current Power of Attorney on file. This form may be emailed to Status@Labor.Alabama.Gov .

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An Equal Opportunity Employer / Program
Auxiliary aids and services available upon request to individuals with disabilities.
Dial 711 for TTY accessibility.

Submit Form