

## REPORT OF CHANGES FORM

The Report of Changes form is used to advise the Arizona Department of Economic Security of any modifications to your business **OPERATION** or **STRUCTURE**. You must promptly report any changes in **OWNERSHIP**, **LEGAL FORM**, **OPERATION**, **PAYROLL METHOD**, or **ADDRESS** of your business. Failure to do so may result in additional costs to you later.

Your completed form should be mailed or faxed to the address or fax number shown below.

Questions about completing the Report of Changes form or how modifications to your business may affect your UI tax account should be directed to the Employer Registration Unit at:

**Employer Registration Unit**

P.O. Box 6028 • Mail Drop 5881

Phoenix, Arizona 85005-6028

Telephone: (602) 771-6602

Fax: (602) 532-5539

Email [uitstatus@azdes.gov](mailto:uitstatus@azdes.gov)

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Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. Auxiliary aids and services are available upon request to individuals with disabilities. To request this document in alternative format or for further information about this policy, Contact the UI Tax Office at 602-771-6606; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.

Report ANY CHANGES PROMPTLY (ownership, legal form, operation, payroll method, or address of your business) as required by Arizona Administrative Code R6-3-1703. Failure to do so could result in additional cost to you later.:

FEDERAL ID NUMBER

**A. Change in Mailing Address**

NEW ADDRESS (No., Street, or P.O. Box)	MAIL NOTICE OF UNEMPLOYMENT CLAIMS TO (No., Street, or P.O. Box)
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
PHONE NUMBER	PHONE NUMBER

**B. Change in the Business' Email Address**      **Change in Sides E-Response Email Address**

EMAIL	EMAIL
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**C. Change in Arizona Ownership / Operation**

**All** of the Arizona business was transferred to (complete item 1 below), as of \_\_\_\_\_ (date)

**Part** of the Arizona business was transferred to (complete items 1 and 2 below), as of \_\_\_\_\_ (date)

In the portion of business transferred, did you during the current or preceding calendar year: 1) Employ one or more individuals for a part of a day in at least 20 weeks, or pay \$1,500 or more in wages in a calendar quarter, OR 2) If the business is agricultural, did you employ 10 or more individuals for a part of a day in at least 20 weeks, or pay \$20,000 or more wages in a calendar quarter?      Yes      No

No ownership change occurred, but payroll is paid by (complete item 1 below), as of \_\_\_\_\_ (date)

No ownership change occurred, but leasing employees (complete item 1 below), as of \_\_\_\_\_ (date)

AZ Business was discontinued without being sold, leased or transferred, as of \_\_\_\_\_ (date)

Business is operating in Arizona, but ceased paying wages, as of \_\_\_\_\_ (date)

**ITEM 1** NAME OF NEW OWNER, PARTNERSHIP, CORPORATION, PAYROLLER, LEASING COMPANY      PHONE NUMBER

ADDRESS (No., Street, P.O. Box, City, State, ZIP Code)      ARIZONA ACCOUNT NUMBER

**ITEM 2** NAME OF BUSINESS YOU RETAINED      PHONE NUMBER

ADDRESS (No., Street, P.O. Box, City, State, ZIP Code)

**D.** SIGNATURE AND TITLE OF OWNER, PARTNER, CORPORATE OFFICER OR AGENT      DATE

MAILING OR FORWARDING ADDRESS (No., Street, P.O. Box, City, State, ZIP Code)      PHONE NUMBER

**FOR AGENCY USE ONLY**

Change of owner	Inactive	Comments
Merge into _____	Suspend	
Transfer to _____	Established in Error	
Revise close code _____	Terminate	
Close date _____		

Initial \_\_\_\_\_ Date \_\_\_\_\_