

CHANGE NOTICE: NEW HAMPSHIRE EMPLOYMENT SECURITY

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| NAME AND ADDRESS (FROM LINE 5 OF THE REPORT) | STATE EMPLOYER ACCOUNT NUMBER | |

CHANGE IN FEDERAL IDENTIFICATION NO., NAME AND/OR ADDRESS

FEDERAL IDENTIFICATION NUMBER CHANGED TO: _____

BUSINESS NAME CHANGED TO: _____

BUSINESS LOCATION _____
CHANGED TO: _____

MAILING ADDRESS _____
CHANGED TO: _____

REQUEST TERMINATION OF ACCOUNT BECAUSE:

- OUT OF BUSINESS ON _____ DATE
- CEASED NH EMPLOYMENT ON _____ DATE
- SOLD BUSINESS (COMPLETE CHANGE IN OWNERSHIP)

CHANGE IN OWNERSHIP: (CIRCLE ONE)

CHANGED TO SOLE PROPRIETORSHIP/PARTNERSHIP/CORPORATION/LLC _____ DATE

BUSINESS SOLD TO: _____

ADDRESS: _____

DATE SOLD: _____ % OF ASSETS SOLD: _____

DO YOU STILL FURNISH EMPLOYMENT IN NH UNDER THIS ACCOUNT #?

YES: NO: PLEASE EXPLAIN: _____

PERSON WE CAN CONTACT FOR FURTHER INFORMATION ABOUT CHANGES



NAME: _____

PLEASE PRINT

AUTHORIZED SIGNATURE

TELEPHONE

DATE