

Mississippi Department of Employment Security  
P.O. Box 22781  
Jackson, MS 39225-2781

**EMPLOYER'S QUARTERLY WAGE AND CONTRIBUTIONS REPORT  
EMPLOYER CHANGE REQUEST**

Complete this form ONLY if your name, address, federal ID No., ownership or business has changed.

Please enter the following REQUIRED information before filling out this form.

Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

If there have been no changes, DO NOT submit this form for processing.

Reporting Employer's MDES Account No.

\_\_\_\_\_

Reporting Employer's Name and Address (as it appears  
on your last Quarterly Contribution Report)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. If your name or address is incorrect or has  
changed from that shown on your last quarterly  
contribution report, enter corrections or  
change below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If your Federal Identification Number is  
different from that shown on your last  
Quarterly Summary Report, enter your  
correct number here:

\_\_\_\_\_

3. If you have discontinued your business, ceased having  
employment, or had a change in ownership, please  
indicate changes below:

	Date
No more employees after:	_____
Business discontinued:	_____
Entire business sold:	_____
Partial sale only, not out of business:	_____
Corporation formed:	_____
Merger:	_____
Partners added or withdrawn:	_____
Other: Explain-	_____

\_\_\_\_\_  
\_\_\_\_\_

New owner's name, address, and telephone number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Authorized Representative (please type)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number (including area code)