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:
   ________________________________________                        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   ________________________________________ Partners added or withdrawn: _______________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-________________________________

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:
   ________________________________________
   ________________________________________
   ________________________________________
   ________________________________________
   ________________________________________
   ________________________________________
   ________________________________________

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)