

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

Report of Employer Account Changes

Employer Account Number _____ Federal ID Number _____

Business Name _____

New Mailing Address:

New Physical Location:

Telephone #:

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.
- 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 . If there was no change to the FEIN but there has been a change in partners or type of entity download the paper Form SR-2 for a new account number.

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 .