



# Employer Account Change Form

UCS-3  
R. 08/07



Complete only the sections reflecting a change in the business.

|                            |   |
|----------------------------|---|
| Current legal entity name: | Unemployment tax account number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> |
|----------------------------|---|

### SECTION 1: CONTACT INFORMATION

|  |  |
|--|--|
| Trade name (business, trade, or fictitious [d/b/a] name):  |  |
| Mailing address (street address, city state, ZIP):   |  |
| Business location (street address, city, state, ZIP):  |  |
| Contact (name):  | Phone: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| E-mail address:  | Fax: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   |
| Change federal employer identification number to: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (attach supporting IRS documentation) |  |

### SECTION 2: CORPORATION

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Amendment to corporate charter (attach Articles of Amendment) | <input type="checkbox"/> Officer change only | <input type="checkbox"/> Stock sale only |
| <input type="checkbox"/> Corporate name change to:                                     |  |  |
| <input type="checkbox"/> Change in business activity (Indicate new business activity): |  |  |

### SECTION 3: CEASED OPERATIONS

|   |
|---|
| Date of last payroll in Florida : <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> |
|---|

### SECTION 4: CHANGE IN BUSINESS STRUCTURE/LEGAL ENTITY STATUS (eg: sole proprietor to corporation, corporation to LLC, etc.)

|   |   |  |
|---|---|--|
| New legal entity name:                                  | (Check one) <input type="checkbox"/> Sole proprietor<br><input type="checkbox"/> Partnership <input type="checkbox"/> Corporation | Date change occurred:<br><input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> |
| If LLC, classification for federal income tax purposes: | (Check one) <input type="checkbox"/> Sole proprietor<br><input type="checkbox"/> Partnership <input type="checkbox"/> Corporation |  |

### SECTION 5: SOLD BUSINESS

|  |   |
|--|---|
| Date business sold: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="checkbox"/> All <input type="checkbox"/> Portion          | Was there any common ownership, management or control between the two entities at the time the sale/change occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sold business to (legal entity name of new owner):   |   |
| Address (street address, city, state, ZIP):  |   |
| Phone: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |   |

### SECTION 6: LEASING EMPLOYEES

|   |  |
|---|--|
| Leasing employees: <input type="checkbox"/> Yes <input type="checkbox"/> No   | Are all employees (including corporate officers) leased? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Leasing company unemployment tax account number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>                             | Leasing company's DBPR license number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   |
| Leasing company federal employer identification number: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Date leasing relationship began: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> |

### SECTION 7: SIGN AND DATE

|  |  |
|--|--|
| I certify that I am legally authorized to make these changes with respect to the account number shown above. |  |
| Signature:   | Date: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>  |
| Title:   | Phone: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

Sign, date, and mail this *Employer Account Change Form* to:  
 Florida Department of Revenue  
 PO Box 6510  
 Tallahassee FL 32314-6510

For information and forms:  
 or fax to: 850-488-5833

For information and forms:  
[www.myflorida.com/dor](http://www.myflorida.com/dor)  
 800-482-8293