

Account Number 000	Check Digit	Form Number 60-0111	Doc Date	Date	Dec Ltr	Variable No.	Variable	Auditor Initials
Description (limit of 35 characters)								Account No.

IOWA
WORKFORCE
DEVELOPMENT

Tax Section, U.I.S. Division
1000 East Grand Avenue
Des Moines, Iowa 50319-0209

EMPLOYER'S NOTICE OF CHANGE 60-0111 (5/08) **IOWA UI Account Number** [] - []

Use this document to record a change of address, change of name, change of telephone number, addition or change of Federal ID Number, change of account status, cessation of business or sale of a portion or all of the Iowa business. If not preprinted, provide your employer name and account number. Complete all sections that apply, then date and sign below. Attach any documentation you feel is necessary.

Employer Name:

Business Name

Street Address/PO

City, ST ZIP

CHANGE IN NAME, ADDRESS AND/OR FEDERAL IDENTIFICATION NUMBER:

Mark appropriate choice and provide additional information requested.

<input checked="" type="checkbox"/> Effective date of change:	<input type="checkbox"/> Mailing address changed to:
<input type="checkbox"/> Legal name changed to:	Tradenname OR In Care Of Street/PO
<input type="checkbox"/> Business name changed to:	City,ST,ZIP
If federal IRS/employer identification (FEIN) has changed for any reason, complete "Change in Ownership" section below or attach a letter.	<input type="checkbox"/> Telephone No. changed to:
	<input type="checkbox"/> Location address changed to: St/PO City,St,ZIP
<input type="checkbox"/> Additional Iowa location(s) added. Attach list providing full name and address of each location.	

REQUEST ACCOUNT BE PLACED IN INACTIVE STATUS:

Mark appropriate choice and provide any dates requested.

NOTE that this response pertains to Iowa business activity only.

BANKRUPTCY INFORMATION:

<input type="checkbox"/> Closed business. Date last wages paid: _____ (Note: If sold or transferred, complete "Change in Ownership" section below.) <input type="checkbox"/> Operating without employees in Iowa. Date last wages paid: _____ NOTE: Corporate officer salaries ARE wages and ARE taxable. <input type="checkbox"/> Discontinued household/domestic employment Date last wages paid: _____	Bankruptcy Petition #	Chapter #	Judicial District
	Petition date	Attorney telephone number (including area code)	
	Attorney name		
	Firm name Street/PO City,ST,ZIP		

CHANGE IN OWNERSHIP - INCLUDES SALE, MERGER, TRANSFER, LEASE:

Mark appropriate choice and provide additional information requested. Provide future address in "Change in Name..." section.

<input type="checkbox"/> Sold, merged, leased or transferred PART of Iowa business.	Date of transfer	Prior owner's last day of payroll
<input type="checkbox"/> Sold, merged, leased or transferred ALL of Iowa business.		
Portion of Iowa business sold, merged, leased or transferred: (Identify location(s) and primary assets transferred.)	New owner's name & address Owner Street /PO City,ST, ZIP	
Prior owner retains some Iowa business which continues to generate Iowa payroll? <input type="checkbox"/> Yes <input type="checkbox"/> No	New owner contact person	Buyer telephone number

I hereby certify that the information in this notice is complete and correct. If my account is in an inactive status, I understand and agree to notify Iowa Workforce Development immediately if employment in Iowa is resumed.

Signature _____ Title _____ Tele _____ Date _____



Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request for individuals with disabilities. For deaf and hard of hearing, use Relay 711.