



Affidavit for Modification of Date of Liability and Modification or Cancellation of Final Determination and Assessment

Employer Name
DBA Name
Address
City, State, ZIP

_____ on oath states:

- A. Employer _____, Account No.
 - 1. Is a _____ (Type of entity: Sole Proprietorship, Partnership, Corporation, or Other);
 - 2. First paid wages on _____;
 - 3. Began having one or more individuals performing services for it on _____.
- B. If the Employer is a corporation, complete the following:
 - 1. Date of Incorporation _____
 - 2. Date a corporate officer began performing services _____.
- C. If the Employer is an LLC, complete the following:
 - 1. Date of organization _____
 - 2. Member Managers are treated as _____ for federal employment tax purposes.
(Sole Proprietor, Partner, Corporate Officer, or Other)
 - 3. For each member manager, if treated as a corporate officer, began performing services on _____
(Attach additional sheet if needed.)

I certify based upon the foregoing statements that the Employer became liable under:

Section 205(b)(3)(1) [paid for services in employment, wages of at least \$1500 within any calendar quarter in either the current or preceding calendar year] ; or Section 205(b)(3)(2) [has or had in employment at least one individual on some portion of a day, irrespective of whether the same individual is or was employed on each such day, within each of twenty or more calendar weeks] pursuant to the Illinois Unemployment Insurance Act [820 ILCS 405/205(b)(3)] and did not become a liable Employer under any other provision of Section 205.

I request that the date of liability of the Employer be modified as follows: _____.

This Affidavit must be accompanied by an amended Report to Determine Liability (Form UI-1). A copy of Section 205 is attached.

Certification: Under penalties provided by law, the undersigned certifies that the statements set forth in this Affidavit are true and correct.

Print Name _____	Title _____	_____ Federal Employer Identification Number (FEIN)
Signature _____	Date _____	_____ Telephone Number

This form must be signed by owner, partner, officer, member manager, or authorized agent within the employer. If signed by any other person, a power of attorney must be attached.

Signed and sworn to before me on this _____ date of _____, 20_____

_____ Notary Public