



## Notice of Change Form

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All account maintenance can be completed at MyTax.Illinois.gov. Online submission provides a confirmation that your submission was received as well as eliminates the wait time associated with traditional mail or fax and in many cases can be automatically processed.

To Change your Name (without change in legal entity), Address, or Phone Number:

1. Logon to [mytax.illinois.gov](http://mytax.illinois.gov)
2. Select the "Names and Address" tab
3. Click the hyperlink of the item you want to change.
4. Follow and complete steps

To Close your Account:

1. Logon to [mytax.illinois.gov](http://mytax.illinois.gov)
2. Go to your "Unemployment Insurance Account"
3. Enter the reason for closing your account and enter at least one of the dates requested on the page.
4. Under the "Account Maintenance" heading select "Request to Close Account"
5. Follow and complete steps

For more information contact IDES Employer Hotline at 1-800-247-4984



# Notice of Change

33 South State Street, Chicago, Illinois 60603  
Phone: 800-247-4984 | Fax : 217-557-1948



Employer Name \_\_\_\_\_

DBA Name \_\_\_\_\_

Account # \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Please answer these questions carefully. Your answers may impact upon your liability for unemployment insurance contributions.

THE EMPLOYING UNIT NAMED ABOVE GIVES NOTICE OF CHANGE(S) WITH RESPECT TO ITS BUSINESS EFFECTIVE: \_\_\_\_\_

## 1. Name Change/Address Change/Miscellaneous Changes

Date

\_\_\_\_ Name changed without change in legal entity. New name \_\_\_\_\_

\_\_\_\_ Doing Business As name changed without change in legal entity. New DBA name \_\_\_\_\_

\_\_\_\_ Business address changed. New address \_\_\_\_\_

(Street)

\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

\_\_\_\_ Telephone number changed. New telephone number ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_ Mailing address changed.

If you have multiple mailing addresses, complete UI-1M, Unemployment Insurance Special Mailing Form.  
If the Mailing Address is for an authorized representative, you must attach a Power of Attorney.

\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP) \_\_\_\_\_ (Telephone Number)

## 2. Request to Close Account

A. Date you discontinued operations in Illinois \_\_\_\_\_ Explain \_\_\_\_\_

B. Date you ceased employing workers, if you are still operating in Illinois \_\_\_\_\_ Explain \_\_\_\_\_

C. Date on which you ceased paying wages, if later than the date shown in A or B above \_\_\_\_\_

The name, business address and telephone number of the person in possession of all of your payroll and employment records which pertain to periods prior to the latest date given in A, B or C

**If the business is closing, skip all other questions and sign on the last page.**

**If you reorganized, sold your business or transferred your employees to another business enterprise, you must also complete the following pages.**



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**3. Reorganization, Sale or Other Organizational Change.** Check all items that apply to you. If any item in this section is checked, please complete numbers 4 & 5 below.

Sale of enterprise:  Entirely;  In part (Explain) \_\_\_\_\_

Lease of enterprise:  Entirely;  In part (Explain) \_\_\_\_\_

Change in type of business structure

From:  Sole Proprietorship  Partnership  Corporation  Other (Explain, e.g., Limited Liability Company, Trust, Association, Receivership) \_\_\_\_\_ FEIN \_\_\_\_\_

To:  Sole Proprietorship  Partnership  Corporation  Other (Explain, e.g., Limited Liability Company, Trust, Association, Receivership) \_\_\_\_\_ FEIN \_\_\_\_\_

Partnership reorganization (Explain in detail) \_\_\_\_\_

Corporate merger, consolidation or reorganization (Explain in detail) \_\_\_\_\_

Foreclosure;  Receivership;  Bankruptcy;  Assignment for benefit of creditors

Type of bankruptcy \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Case Number \_\_\_\_\_

Death of:  Owner;  Partner Name of deceased \_\_\_\_\_

**4. If any of the items in #3 above are checked, furnish the following information:**

Date of transaction \_\_\_\_\_

Name of new owner \_\_\_\_\_

Doing business as (if known) \_\_\_\_\_

Illinois U.I. account number (if known) \_\_\_\_\_ Fed. ID. Number (if known) \_\_\_\_\_

Address: \_\_\_\_\_

**5. Furnish the following information with respect to your Illinois operations if you disposed of or leased only a portion of your business enterprise:**

A. Did you operate at more than one location in Illinois?  Yes  No (If No, skip to E.)

B. Did the new owner acquire all of your business locations in Illinois?  Yes  No

C. What number of locations did the new owner acquire? \_\_\_\_\_

D. List the name and address of the Illinois business locations you retained or continued to operate:

(If necessary, attach an additional sheet of paper.)

Name and address	City/Town	State	Zip	County
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Location 1 \_\_\_\_\_

Location 2 \_\_\_\_\_

Location 3 \_\_\_\_\_

Location 4 \_\_\_\_\_

Location 5 \_\_\_\_\_

Location 6 \_\_\_\_\_



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E. Is the Illinois business still owned, managed or controlled in any way by the same interests that owned, managed or controlled the former business?  Yes  No

F. Did the new owner acquire all of the Illinois operations?  Yes  No

If **No**, what is the percentage acquired by the new entity? \_\_\_\_\_ %

Percent of operations retained by you \_\_\_\_\_ %

G. Is the new owner employing all of the same people that you did on the last day of business?  Yes  No

If **No**, how many people were employed by you? \_\_\_\_\_

How many of them does the new owner employ? \_\_\_\_\_

H. Did the new owner acquire any of your assets?  Yes  No If yes, what %? \_\_\_\_\_

Percent of assets retained by you \_\_\_\_\_ %

I. Did the new owner acquire any of your Illinois trade or business?  Yes  No If yes, what %? \_\_\_\_\_

J. What was your trade or business ? \_\_\_\_\_

K. Is the new owner conducting the Illinois business which the new owner acquired?  Yes  No

If **No**, are you conducting the business?  Yes  No

If neither you nor the new owner, who is conducting the business? Name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

L. Is this business a franchise?  Yes  No

If **Yes**, were you the \_\_\_\_\_ Franchisee or the \_\_\_\_\_ Franchisor?

CERTIFICATION: I HEREBY CERTIFY THAT THE FOREGOING INFORMATION AND THAT CONTAINED IN ANY ATTACHED SHEETS SIGNED BY ME IS TRUE AND CORRECT. THIS REPORT MUST BE SIGNED BY OWNER, PARTNER, OFFICER OR AUTHORIZED AGENT WITHIN THE EMPLOYING ENTERPRISE. IF SIGNED BY ANY OTHER PERSON, A POWER OF ATTORNEY MUST BE ON FILE.

BUSINESS NAME \_\_\_\_\_ DATE SIGNED AND SUBMITTED \_\_\_\_\_

SIGNED BY \_\_\_\_\_ TITLE \_\_\_\_\_

HOME ADDRESS OF OFFICIAL \_\_\_\_\_

HOME TELEPHONE NUMBER ( ) \_\_\_\_\_

This state agency is requesting information that is necessary to accomplish the statutory purpose as outlined under 820 ILCS 405/100-3200. Disclosure of this information is **Required**. Failure to disclose this information may result in statutorily prescribed liability and sanction, including penalties and/or interest.