FLORIDA DEPARTMENT OF REVENUE

Employer Account Change Form

UCS-3
R. 01/05

I am requesting the following change(s) to my account.
(Complete only the items showing a change in your business.)

Current legal name	**Unemployment Tax Account Number**
	☐☐☐☐☐☐☐-☐

Contact Information:

Mailing address _____
(Street address, City, State, ZIP)

Business location _____

Telephone number (_____) _____ Fax number (_____) _____

E-mail address _____ Trade name (d/b/a) _____
(Business, trade, or fictitious [d/b/a] name)

Federal ID number, change to: ☐☐-☐☐☐☐☐☐☐ **(attach supporting IRS documentation)**

Corporation:

☐ Amendment to corporate charter (attach Articles of Amendment) ☐ Officer change only ☐ Stock sale only

☐ Corporate name change to: _____

☐ Change in business activity? (Indicate new business activity) _____

Ceased Operations:

Date of last payroll in Florida: ☐☐-☐☐-☐☐

*☐ **Change in business structure/legal entity status** (eg: sole proprietor to corporation, corporation to LLC, etc.)

Date: _____ New legal entity: _____

☐ **Sold business**: (date) _____ All ☐ Portion ☐

To: (_____) _____ _____
(legal entity of new owner) (address) (telephone number)

*If you incorporated, changed your business structure/legal entity status, or purchased a business, you must complete an *Application to Collect and/or Report Tax in Florida* (Form DR-1) and a *Report to Determine Succession* (Form UCS-1S).
Note: The *Report to Determine Succession* for partial acquisitions must be postmarked within 90 days of the acquisition date to be considered timely.

☐ **Leasing employees:** Yes ☐ No ☐

Leasing company unemployment tax account number: ☐☐☐☐☐☐☐-☐

Leasing company federal employer identification number: ☐☐-☐☐☐☐☐☐☐

Date leasing relationship began _____ Are all employees (including corporate officers) leased? Yes ☐ No ☐

Sign and date:

_____ _____
Signature Date

_____ (_____) _____
Title Telephone number (include area code)

Sign, date, and mail this *Employer Account Change Form* to:
FLORIDA DEPARTMENT OF REVENUE
PO BOX 6510
TALLAHASSEE FL 32314-6510

or fax to: 850-488-5833

For information and forms:
www.myflorida.com/dor
800-482-8293