

## EMPLOYER DATA CHANGE FORM

Do not mail this form with Form 1

Mail form(s) to:  
Division of Unemployment Assistance  
Revenue Service, Employer Liability  
Status Department - 5th Floor  
19 Staniford St., Boston, MA 02114-2589

### USE THIS FORM ONLY:

- to add your Federal IRS number if it is not pre-printed on the Form 1. (Enter only in "old number" block in Item A.)
- to change Federal IRS identification number. **A new Employer Status Report must be filed with this form.\***
- to change mailing address
- to report ownership changes or changes in organization type. **A new Employer Status Report must be filed with this form.\***
- if your business has been discontinued or you are operating without employees.

### PLEASE COMPLETE THIS SECTION

D.U.A. Employer Number: \_\_\_\_\_ Address: \_\_\_\_\_

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

## A. CHANGE FEDERAL IRS NUMBER BELOW.

OLD NUMBER



NEW NUMBER

(If you are changing your Federal IRS number, a new Employer Status Report must be filed with this form.)\*

WOULD YOU LIKE TO CHANGE YOUR ADDRESS ONLINE? Go to: <https://ipasssecurity.detma.org/ipass/loginnew.asp?ipc=2>

## B. CHANGE OF ADDRESS.

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I understand that by designating an agent to receive Request for Separation and/or Wage Information (Claim), Forms 1062/1074, and Statement of Benefit Charges (Form 1088), or Statement of Reimbursable Benefits (Form 1089-1), I am agreeing to be bound by my agent's actions or inactions regarding any action required or permitted concerning those forms.

Change the address of these forms to this new address.

Check all that you wish to change:

- Employer's Quarterly Contribution Report (Form 1) / (Form 1700). Do **not use** agent's address.
- Statement of Benefit Charges (Form 1088) Statement of Reimbursable Benefits (Form 1089-1). Agent's address **may be used**.
- Request for Separation and/or Wage Information (Claim) (Form 1062/1074). Agent's address **may be used**.
- Legal address. Do **not use** agent's address.

## C. CHANGE NAME, OWNERSHIP AND/OR STATUS. (For Assistance Call (617) 626-5050.)

### Name Change

Enter New Legal Name: \_\_\_\_\_  
(if corporation, LLC, LLP, LP, attach articles or certificates of amendments.)

Enter New DBA Name: \_\_\_\_\_

If business was sold or transferred, check applicable block:  in whole  in part

### Ownership Change

Name of New Owner: \_\_\_\_\_ Employer No.: \_\_\_\_\_

Address: \_\_\_\_\_ Date Change Occurred: \_\_\_\_\_

Has type of ownership (i.e., partnership, individual ownership, etc.) changed during the calendar quarter covered by this report?  Yes  No If "Yes", **a new Employer Status Report must be filed with this form.\***

### Status Change

If you no longer have employees in Massachusetts, enter last day on which any individual (in employment subject to the Massachusetts Unemployment Insurance Law) was paid wages by you.

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Also check reason below:

- (3) Business permanently discontinued
- (4) Operating without employees
- (5) No employees in covered employment
- (6) No employees in Massachusetts
- (7) Bankruptcies, assignments, Change in Ownership

Signature is required to initiate changes above.

Signed: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Date: \_\_\_\_\_

\* Go to [www.mass.gov/eolwd](http://www.mass.gov/eolwd) and download Form 1110A Employer Status Report