



Employer Account Change Form

UCS-3
R. 08/07



Complete only the sections reflecting a change in the business.

Current legal entity name:	Unemployment tax account number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
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SECTION 1: CONTACT INFORMATION

Trade name (business, trade, or fictitious [d/b/a] name):	
Mailing address (street address, city state, ZIP):	
Business location (street address, city, state, ZIP):	
Contact (name):	Phone: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E-mail address:	Fax: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Change federal employer identification number to: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (attach supporting IRS documentation)	

SECTION 2: CORPORATION

<input type="checkbox"/> Amendment to corporate charter (attach Articles of Amendment)	<input type="checkbox"/> Officer change only	<input type="checkbox"/> Stock sale only
<input type="checkbox"/> Corporate name change to:		
<input type="checkbox"/> Change in business activity (Indicate new business activity):		

SECTION 3: CEASED OPERATIONS

Date of last payroll in Florida : <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>

SECTION 4: CHANGE IN BUSINESS STRUCTURE/LEGAL ENTITY STATUS (eg: sole proprietor to corporation, corporation to LLC, etc.)

New legal entity name:	(Check one) <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	Date change occurred: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
If LLC, classification for federal income tax purposes:	(Check one) <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	

SECTION 5: SOLD BUSINESS

Date business sold: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="checkbox"/> All <input type="checkbox"/> Portion	Was there any common ownership, management or control between the two entities at the time the sale/change occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sold business to (legal entity name of new owner):	
Address (street address, city, state, ZIP):	
Phone: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

SECTION 6: LEASING EMPLOYEES

Leasing employees: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are all employees (including corporate officers) leased? <input type="checkbox"/> Yes <input type="checkbox"/> No
Leasing company unemployment tax account number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>	Leasing company's DBPR license number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Leasing company federal employer identification number: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date leasing relationship began: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>

SECTION 7: SIGN AND DATE

I certify that I am legally authorized to make these changes with respect to the account number shown above.	
Signature:	Date: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
Title:	Phone: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Sign, date, and mail this *Employer Account Change Form* to:
 Florida Department of Revenue
 PO Box 6510
 Tallahassee FL 32314-6510

For information and forms:
 or fax to: 850-488-5833

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