



# Business Change Form

(Form 5208C-1)

USE THIS PAGE ONLY IF THERE HAS BEEN A BUSINESS CHANGE OR IF YOU DO NOT HAVE AN ESD NUMBER.

1) QTR/YEAR  /   
 2) CURRENT UBI   
 3) CURRENT EIN   
 4) ESD NUMBER

ENTER CORRECT UBI   
 ENTER CORRECT EIN

5) IF THE MAILING ADDRESS OF YOUR BUSINESS HAS CHANGED, PLEASE ENTER NEW INFORMATION IN THE BOXES PROVIDED BELOW.

NEW MAILING ADDRESS / PO BOX  
  
 CITY  STATE   
 ZIP CODE   
 CHECK HERE IF THIS IS ALSO THE PHYSICAL LOCATION OF YOUR BUSINESS

CURRENT MAILING ADDRESS

6) CHANGE IN PRINCIPAL BUSINESS PHYSICAL LOCATION (IF YOU CHECKED THE BOX ABOVE, SKIP TO ITEM 7)

STREET OR ROUTE NAME   
 CITY  STATE  ZIP CODE

7) IF PHONE OR FAX NUMBER CHANGED, ENTER IT BELOW

AREA CODE  PHONE NUMBER   
 AREA CODE  FAX NUMBER

BUSINESS EMAIL ADDRESS

8)  CEASED BUSINESS - NO SUCCESSOR, PLEASE CLOSE ACCOUNT (ENTER DATES)  
 9)  CONTINUING BUSINESS - NO EMPLOYEES, PLEASE CLOSE ACCOUNT (ENTER DATES)  
 10)  NO LONGER HAVE WASHINGTON EMPLOYEES - PLEASE CLOSE ACCOUNT (ENTER DATES)  
 11)  CHANGE IN BUSINESS ACTIVITY (DESCRIBE) \_\_\_\_\_

LAST DATE WAGES PAID  CLOSE ACCOUNT AS OF WHAT DATE?

12)  SOLD, LEASED OR OTHERWISE TRANSFERRED BUSINESS:  
 FULL SALE  PARTIAL SALE % OF BUSINESS SOLD \_\_\_\_\_ %

DATE OF SALE  LAST DATE WAGES WERE PAID

NEW BUSINESS NAME  NEW UBI   
 NEW OWNER'S LAST NAME  FIRST NAME  AREA CODE  HOME PHONE NUMBER

13) CHANGE IN BUSINESS ENTITY - FIRST CHECK A BOX BELOW. THEN WRITE NEW BUSINESS NAME AND NEW UBI IN SECTION 12 ABOVE.

CORPORATION  PARTNERSHIP  LIMITED LIABILITY COMPANY (LLC)  LIMITED LIABILITY PARTNERSHIP (LLP)  OTHER

14)  NAME CHANGE ONLY - WRITE NEW BUSINESS NAME IN SECTION 12 ABOVE.

15) CHANGE FORM PREPARED BY - LAST NAME  PREPARER'S EMAIL ADDRESS   
 FIRST NAME  AREA CODE  PHONE NUMBER

**MAIL OR FAX COMPLETED FORM TO:**  
 Employment Security Dept., Registration Unit  
 PO Box 9046, Olympia WA 98507-9046  
 FAX 1-800-794-7657

For owner updates, use form 5208C-2 on the back.