Employment Security Department
WASHINGTON STATE

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) QUARTER/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)

LAST DATE WAGES PAID M M D D Y Y

CLOSE ACCOUNT AS OF WHAT DATE? M M D D Y Y

11) ☐ CHANGE IN BUSINESS ACTIVITY (DESCRIBE) _____

12) ☐ SOLD, LEASED OR OTHERWISE TRANSFERRED BUSINESS:

☐ FULL SALE

☐ PARTIAL SALE
% OF BUSINESS SOLD _____ %

DATE OF SALE M M D D Y Y

LAST DATE WAGES WERE PAID M M D D Y Y

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

EMAIL, MAIL, OR FAX COMPLETED FORM TO:
Employment Security Dept.,
Registration Unit PO Box 9046,
Olympia WA 98507-9046
EMAIL: UIFiles@esd.wa.gov
FAX 1-800-794-7657