

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
 BUSINESS EMAIL ADDRESS

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

AREA CODE PHONE NUMBER
 AREA CODE FAX NUMBER

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 CLOSE ACCOUNT AS OF WHAT DATE?

11) CHANGE IN BUSINESS ACTIVITY (DESCRIBE) _____

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.