



State of Michigan  
Department of Consumer & Industry Services  
BUREAU OF WORKERS' & UNEMPLOYMENT COMPENSATION  
Tax Office – Suite 11-500  
3024 W. Grand Blvd. • Detroit, Michigan 48202  
www.michigan.gov/bwuc



**Employer Request For Address/Name Change**

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

UC Account Number: \_\_\_\_\_ Federal Employer ID No. (FEIN): \_\_\_\_\_

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

DBA: \_\_\_\_\_

**PLEASE DO NOT SUBMIT THIS FORM UNLESS THERE HAS BEEN A CHANGE IN NAME OR ADDRESS.**

Physical Location of the Business No Post Office boxes, please.		Mailing Address	
(Include both addresses, even if only one has changed.)			
Street:		Street:	
City:		City:	
State:	Zip Code: _____	State:	Zip Code: _____
Employer's Telephone Number: (    )		Mailing Address is: <input type="checkbox"/> Accountant/Employer Rep* <input type="checkbox"/> Corporate Office <input type="checkbox"/> Owner	

\* To request a change of mailing address to an employer representative (CPA, Service Bureau, Attorney, etc.) YOU MUST FILE A POWER OF ATTORNEY AUTHORIZATION FORM.

**CHANGING ACCOUNT INFORMATION:** If you have discontinued or ceased business activity, discontinued employment, sold or transferred ownership of all or part of your business, formed a new partnership or corporation, merged, or changed your status as a sole proprietorship or corporation, you must file a *Report of Discontinuance or Disposition of Business*, Form UC 1772.

To request Form UC 1772, check here  or call the number(s) listed below.

THE CORRECTION OF A PREVIOUSLY FILED REPORT (UC 1020) MUST BE MADE ON AN *Amended Quarterly Tax Report*, Form UC 1021. Other changes, including FEIN changes or bankruptcy filing, etc., must be submitted in writing with supporting documentation. YOU MUST sign and date this form, giving your title and telephone number, before changes will be accepted.

Preparer: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Preparer Telephone No.: ( \_\_\_\_\_ ) \_\_\_\_\_

If you need assistance, telephone 1-800-638-3994, outside Michigan 1-313-456-2180.

Mail this form with your changes to the above address, or fax to (313) 456-2130. If known, indicate your Tax Team \_\_\_\_\_.

FORMS MAY BE FAXED TO YOU 24 HOURS A DAY BY CALLING: 1-800-638-3994, FORMS CAN ALSO BE OBTAINED ON OUR WEBSITE: www.michigan.gov/bwuc.