



# Employer Account Change Form



UCS-3  
R. 08/01

Employer legal name \_\_\_\_\_ Unemployment Tax account number  
□□□□□□□□-□□

### Complete only the items showing a change in your business.

Owner \_\_\_\_\_  
(Legal name of individual, principle, partner, or corporation)

Business name (d/b/a) \_\_\_\_\_ Telephone number (\_\_\_\_\_) \_\_\_\_\_  
(Business, trade, or fictitious [d/b/a] name)

Mailing address \_\_\_\_\_  
(Street address, City, State, ZIP)

Business location \_\_\_\_\_

Federal ID number  
□□-□□□□□□□□

Fax number  
□□□□-□□□□-□□□□

### Corporation:

Corporate name change (attach supporting documentation)

Will the same business activity continue under the new corporate name?  Yes  No

If No, please indicate new business activity \_\_\_\_\_

Change of officers (attach list of officers with Social Security numbers, home addresses and telephone numbers)

**Leasing employees:** Name of leasing company \_\_\_\_\_

Unemployment Tax account number of leasing company

□□□□□□□□-□□

Date leasing began

□□-□□-□□□□

Are all employees leased?

yes  no

### Business closed:

Date of last payroll

□□-□□-□□□□

Date business closed

□□-□□-□□□□

If you incorporated or purchased a business, you must complete an *Application to Collect and/or Report Tax in Florida* (Form DR-1) and a *Report to Determine Succession* (Form UCS-1S). **Note: The Report to Determine Succession for partial acquisitions must be postmarked within 90 days of the acquisition date to be considered timely.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone number (include area code)

**Sign, date, and mail this Employer Account Change Form to:**  
or  
fax to: 850-488-5833

**FLORIDA DEPARTMENT OF REVENUE  
PO BOX 6510  
TALLAHASSEE FL 32314-6510**

### For Information and Forms

Information and forms are available on our Internet site at [www.myflorida.com/dor](http://www.myflorida.com/dor)

#### Need Assistance?

To speak with a Department of Revenue representative, call Taxpayer Services, Monday through Friday, 8 a.m. to 7 p.m., ET, at 1-800-482-8293.

Hearing or speech impaired persons may call the TDD line at 1-800-367-8331 or 850-922-1115.

For a written response to your questions, write:

TAX INFORMATION SERVICES  
FLORIDA DEPARTMENT OF REVENUE  
1379 BLOUNTSTOWN HWY  
TALLAHASSEE FL 32304-2716

#### Need Forms?

To receive forms by mail:

- Order multiple copies of forms from our Internet site at [www.myflorida.com/dor/forms/order](http://www.myflorida.com/dor/forms/order)
- Fax your form request to the DOR Distribution Center at 850-922-2208
- Call the DOR Distribution Center at 850-488-8422

#### Fax on Demand:

Call 850-922-3676 from your fax machine telephone to receive a fax copy of a form.