

**ARKANSAS DEPARTMENT OF WORKFORCE SERVICES  
NOTIFICATION OF CHANGE IN STATUS  
USE THIS FORM TO REFLECT ANY CHANGES IN YOUR ACCOUNT**

\_\_\_\_\_ DWS ID Number \_\_\_\_\_ FEDERAL ID NUMBER \_\_\_\_\_  
\_\_\_\_\_ EMPLOYER NAME \_\_\_\_\_

IF THERE HAS BEEN AN OWNERSHIP, ADDRESS OR OTHER CHANGE MADE REGARDING TAX ACCOUNT,  
PLEASE PROVIDE THE APPROPRIATE INFORMATION BELOW.

DATE OF CHANGE \_\_\_\_\_  DISCONTINUED  
NO NEW OWNER  CHANGE IN  
OWNERSHIP  OTHER  
PLEASE EXPLAIN BELOW)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

NEW OWNER'S NAME \_\_\_\_\_

NEW OWNER'S ADDRESS \_\_\_\_\_  
\_\_\_\_\_

DID YOU CONTINUE TO OPERATE ANY OTHER BUSINESS WITH EMPLOYEES IN ARKANSAS ON THE DATE  
SHOWN ABOVE?  YES  NO IF YES, GIVE THE NAME AND ADDRESS OF THE BUSINESS.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

IF ANY CHANGES ARE NECESSARY, PLEASE RETURN THIS NOTICE WITH YOUR COMPLETED  
CONTRIBUTION AND WAGE REPORT. FOR INFORMATION CALL 501/682-3798

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT ALTER YOUR PRE-PRINTED EMPLOYER CONTRIBUTION AND WAGE REPORT**