SOUTH CAROLINA
DEPARTMENT OF EMPLOYMENT AND WORKFORCE
PO Box 995, Columbia, SC 29202
866-831-1724 www.dew.sc.gov

EMPLOYER REPORT OF CHANGE TO ACCOUNT

Email to: documentcontrol@dew.sc.gov
Fax: 803-737-2659

Tired of paperwork? Make changes to your Unemployment Insurance tax account online. It's fast, easy, accurate, and secure!
Visit SUITS, DEW's online tax system at https://uitax.dew.sc.gov. For instructions on how to use SUITS, please visit https://dew.sc.gov/suits.

SECTION A: EMPLOYER INFORMATION

Business Name _____ **DEW Account Number** _____ **FEIN** _____

SECTION B: CHANGES TO ACCOUNT Effective Date of Changes being Made:

1. **Add/Remove Owner/Officer** *(Individual changes within the organization that DO NOT change the entity.)*

Name	SSN	Title	Ownership %	Home Address	ADD or REMOVE
					☐Add ☐Remove
					☐Add ☐Remove
					☐Add ☐Remove

2. **Add Contact (NOT Owner/Officer)**

Name	Work Address	Phone	Email	Send Link
				☐
				☐

3. **Change of Address, check all that Apply:**

☐ Physical Location ☐ Mailing ☐ Legal ☐Tax ☐Benefit ☐Contact ☐ Refund ☐ Collection

Address **City** **State** **ZIP** **County**

☐ Physical Location ☐ Mailing ☐ Legal ☐ Tax ☐Benefit ☐Contact ☐Refund ☐Collection

Address **City** **State** **ZIP** **County**

Attach Secretary of State document.

4. ☐ **Change in Legal Business Name to:**
5. ☐ **Business in SC suspended or entirely discontinued without successor. Final date of payroll:** _____
6. ☐ **Business in SC has resumed. Date wages resumed:**
7. ☐ **Business in South Carolina sold, change in FEIN, or change in legal entity, provide the following:**
   - **Purchaser or successor business name:**
   - **Purchaser, successor, or new business FEIN:**
   - **Date of transfer/change:**
   - **Additional details:**

I certify that the information entered on this form is true and accurate, and that I am authorized by the named employing unit to complete this report. (In order for this form to be processed, the signatory must be on file with DEW as a business owner, officer, partner or agent duly authorized to act on behalf of this employer.)

Signature Phone Email

Print name of above signature Title Date