



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

SECTION A: EMPLOYER INFORMATION

Business Name	DEW Account Number	FEIN
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Effective Date of Changes being Made: / /

- | Name | SSN | Title | Ownership % | Home Address | ADD or REMOVE |
|------|-----|-------|-------------|--------------|--|
| | | | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

- | Name | Work Address | Phone | Email | Send Link |
|------|--------------|-------|-------|--------------------------|
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

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

Address	City	State	ZIP	County
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☐ Physical Location ☐ Mailing ☐ Legal ☐ Tax ☐ Benefit ☐ Contact ☐ Refund ☐ Collection

Address	City	State	ZIP	County
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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
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Print name of above signature	Title	Date
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