



**SOUTH CAROLINA**  
**DEPARTMENT OF EMPLOYMENT  
AND WORKFORCE**  
PO Box 995, Columbia, SC 29202  
866-831-1724 [www.dew.sc.gov](http://www.dew.sc.gov)

## EMPLOYER REPORT OF CHANGE TO ACCOUNT

Email to: [documentcontrol@dew.sc.gov](mailto: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
					<input type="checkbox"/> Add <input type="checkbox"/> Remove
					<input type="checkbox"/> Add <input type="checkbox"/> Remove
					<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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

#### 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

#### 4. ☐ Change in Legal Business Name to:

Attach Secretary of State document.

#### 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