

COMPLETE FORM AND RETURN
ONLY IF: THERE IS ANY CHANGES IN YOUR FEDERAL I.R.S. NUMBER, NAME, ADDRESS, OR OWNERSHIP (WITH EFFECTIVE DATE), AND IF YOUR ARE REQUESTING TO SUSPEND YOUR ACCOUNT.

Change in Name, Address and/or Federal I.R.S. Number

Legal Name Change _____ Date _____
(If name change is due to Incorporation, A Status Report Form (ES-802) must be completed)
 Business Name Change _____

Mailing Address Change _____
 _____ Address
 _____ City _____ State _____ Zip

NM Business Location
 Address Change _____
 _____ Street Address
 _____ City _____ State _____ Zip

NOTE: If mailing address is the same as your business location address write "same".

Telephone Number Change_() _____
 Federal I.R.S.; Employer Identification No. Change _____
 State Reason For Change(s) _____

Request Account Suspension Because:

_____ Closed Business
 _____ Operating Without Employees
 _____ Sold Business
 Last Date For Paying Wages _____
 Last Date For Paying Wages _____

NOTE: If you sold your business complete change in Ownership section below and provide your forwarding address in the mailing address change section above.

Change In Ownership:

Date Sold _____ Date New Owner(s) Took Over Business _____
 New Owner(s) Legal Name _____
 Business Name _____
 Address _____
 _____ City _____ State _____ Zip
 Telephone Number_() _____

Are You Continuing to Operate a Business in New Mexico? Yes ___ No ___

If your answer is no give last date you paid wages _____

If your answer is yes, please complete a Status Report (ES-802 form) on current business.

 Authorized Signature Title

 Date