

CHANGE OF EMPLOYER ACCOUNT INFORMATION

Mail to: Employment Development Department
Account Services Group MIC 28
P.O. Box 826880
Sacramento CA 94280-0001

E.D.D. ACCOUNT NUMBER: _____
Corporation Owner's Name: _____
Business (DBA) Name: _____
Banking Institution: _____

PLEASE INDICATE CHANGES/CORRECTIONS THAT APPLY TO YOUR BUSINESS (A-1 BELOW):

A. Address Change/Correction: Date of Change: ___/___/___ (Enter address information in box 1)

1.	NUMBER AND STREET	CITY, STATE, AND ZIP CODE	TELEPHONE NUMBER
			()

B. Business Name (DBA) Change: _____ **Date of Change:** ___/___/___

C. Corporation Name Change: _____ **Date of Change:** ___/___/___

D. Personal Name Change (i.e., marriage): _____ **Date of Change:** ___/___/___

E. Change of Ownership - Date of Change: ___/___/___ (Mark appropriate box below, and complete box 2 if required):

- Partial Sale, Not Out-Of-Business
- Corporation Dissolved
- Corporation Formed
- Purchase Price \$ _____
- Entire Business Sold (Enter successor(s) information in box 2)
- Other (Explain): _____
- Change in Ownership Type (Add information in box 2 and explain Type)

2.	OWNER'S NAME(S) FOLLOWING CHANGE OF OWNERSHIP	TITLE	BUSINESS NAME (DBA)/ CORPORATION NAME	MAILING ADDRESS

New FEIN (Tax ID#): _____ **OLD FEIN (Tax ID#):** _____

Explain reason for new Tax ID: _____

SOS Corporation, LLC, LLP, or LP Identification #: _____

F. Change in Partner(s), Officer(s), Member(s), Manager(s), etc. (Mark appropriate box to Add [A], Change [C], or Delete [D], and enter the new information as required.) Attach additional sheet(s) if needed.

3.				DATE OF CHANGE	INDIVIDUAL(S) TO BE ADDED/ CHANGED/DELETED	TITLE	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER
	A	C	D					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___				

G. No wages paid during entire quarter(s). Please enter the appropriate year and quarter in the boxes provided. (Example: YYYY/Q) _____

H. Discontinued Paying Wages. Date last wage payment was made: ___/___/____. **All required EDD TAX FORMS have been filed. (Attach Copies)**

I. If you currently use a Professional Employer Organization (PEO), please provide PEO information:

PEO Name: _____
 PEO Address: _____
 PEO EDD Account Number: _____ PEO Start Date: _____

J. Out of Business (Without a Successor) on: ___/___/____. **(Provide forwarding address in box A1)**

Note: If business corporation/owner is represented by an authorized agent for employment tax purposes, the agent may sign below. A signed and properly executed power of attorney must be attached or on file. THE SIGNATURE OF ANY OTHER PERSON/THIRD PARTY WILL NOT BE ACCEPTED.

"I certify under penalty of perjury that the above information is true and correct, and that these actions are not being taken to receive a more favorable Unemployment Insurance Rate. I further certify that I have the authority to sign on behalf of the above business."

Signature

()
Telephone Number

/ /
Date

Print Name

Title (Officer, Owner, Member, GP, or Authorized Agent)

NOTICE OF BUSINESS CHANGE

SELLER'S PERMIT NO. (Example: SR KHE XXX-XXXXXX) (ACCOUNT NUMBER REQUIRED)

BUSINESS NAME

OLD BUSINESS LOCATION (street, city, state, zip code)

Please complete the applicable sections of this form and mail to: **State Board of Equalization, ATTN: LRAU/Registration Team, MIC:27, PO Box 942879, Sacramento, CA. 94279-0027.** Use the bottom section if you need more space. **Be sure to sign, include daytime phone number, and date.**

SECTION I: ADDRESS CHANGES

NEW BUSINESS LOCATION (street, city, state, zip code) (do not use a PO Box)

DATE MOVED

ADDING NEW SUBLOCATION (street, city, state, zip code)

START DATE

DAYTIME PHONE NUMBER

FAX NUMBER

()

()

NEW MAILING ADDRESS (street, city, state, zip code)

OLD MAILING ADDRESS (street, city, state, zip code)

SECTION II: OWNERSHIP/DBA CHANGES

NEW OWNER'S NAME

DAYTIME PHONE NUMBER

()

HAS BUSINESS NAME (DBA) CHANGED?

 Yes No If yes, new business name or DBA

CORPORATION NAME

CORPORATE ID NUMBER

STATE INCORPORATED

 Check here if Partner or LLC Member Added

NAME

DATE ADDED

 Check here if Partner or LLC Member Dropped

NAME

DATE DROPPED

SIGNATURE (owner, corporate officer, member, partner)

TITLE

TODAY'S DATE

PRINT NAME

BUSINESS EMAIL ADDRESS

ADDITIONAL INFORMATION

Please use the space below to provide additional information to update your account. You should also complete form BOE-65, *Notice of Closeout for Seller's Permit*, if any of the following statements apply to your situation.

- If you sold your business, please give us the name and seller's permit number of the purchaser. Also, please list your daytime phone number and address below so that we can send you information. Please include the name of the escrow company, if applicable.
- If you added or dropped more than one partner (or LLC member), provide additional names, dates, and phone numbers below.
- If you closed your business, please provide your current daytime phone number and address.
- If a seller's permit has been issued, and you have determined that no actual operation of the business took place (did not operate), the permit will be closed with a closeout date identical to the starting date shown on the registration record.

For more information regarding the closing of your seller's permit, please visit our website and refer to BOE publication 74, *Closing Out Your Seller's Permit* at www.boe.ca.gov/pdf/pub74.pdf.

If extra space is needed, you may attach additional pages. **Contact your district office if you have any questions, or if you want to add or delete a business location (suboutlet).** We recommend you retain proof of mailing this form. We will contact you if we need more information. If you have general tax questions, please contact our Taxpayer Information Section at 800-400-7115 (TDD/TTY: 800-735-2929). Customer service representatives are available weekdays from 8:00 a.m. to 5:00 p.m. Pacific time, except state holidays, or visit our website at www.boe.ca.gov.

Additional Information:

Change of Address

▶ Please type or print.

▶ See instructions on back. ▶ Do not attach this form to your return.

Before you begin: If you are changing both your home and business address, use a separate Form 8822 to report each change.

Part I Complete This Part To Change Your Home Mailing Address

Check **all** boxes this change affects:

- 1 Individual income tax returns (Forms 1040, 1040A, 1040EZ, 1040NR, etc.)
 ▶ If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here
- 2 Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc.)
 ▶ For Forms 706 and 706-NA, enter the decedent's name and social security number below.
 ▶ Decedent's name ▶ Social security number

3a Your name (first name, initial, and last name)	3b Your social security number
4a Spouse's name (first name, initial, and last name)	4b Spouse's social security number

5a Your prior name. See instructions.

5b Spouse's prior name. See instructions.

6a Old address (no., street, apt no., city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

6b Spouse's old address, if different from line 6a (no., street, apt no., city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

7 New address (no., street, apt no., city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Part II Complete This Part To Change Your Business Mailing Address or Business Location

Check **all** boxes this change affects:

- 8 Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1065, 1120, etc.)
- 9 Employee plan returns (Forms 5500, 5500-EZ, etc.)
- 10 Business location

11a Business name	11b Employer identification number
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12 Old mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

13 New mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

14 New business location, if different from mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a foreign address, see instructions.

Part III Signature

Daytime telephone number of person to contact (optional) ▶ _____

Sign Here	
Your signature	Date
If joint return, spouse's signature	Date
	If Part II completed, signature of owner, officer, or representative
	Date
	Title

Purpose of Form

You can use Form 8822 to notify the Internal Revenue Service if you changed your home or business mailing address or your business location. If this change also affects the mailing address for your children who filed income tax returns, complete and file a separate Form 8822 for each child. If you are a representative signing for the taxpayer, attach to Form 8822 a copy of your power of attorney.

Note. The IRS automatically updates your address of record based on any new address you provide the U.S. Postal Service (USPS). We use the information in the USPS's National Change of Address database. IRS also automatically updates your address of record when the USPS changes your address because of a new Zip Code boundary or other administrative reason. IRS notices or documents sent to a taxpayer's "last known address," are legally effective even if the taxpayer never receives it.

Changing both home and business addresses? If you are, use a separate Form 8822 to show each change.

Prior Name(s)

If you or your spouse changed your name because of marriage, divorce, etc., complete line 5. Also, be sure to notify the Social Security Administration of your new name so that it has the same name in its records that you have on your tax return. This prevents delays in processing your return and issuing refunds. It also safeguards your future social security benefits.

Addresses

Be sure to include any apartment, room, or suite number in the space provided.

P.O. Box

Enter your box number instead of your street address only if your post office does not deliver mail to your street address.

Foreign Address

Enter the information in the following order: city, province or state, and country. Follow the country's practice for entering the postal code. Please do not abbreviate the country name.

"In Care of" Address

If you receive your mail in care of a third party (such as an accountant or attorney), enter "C/O" followed by the third party's name and street address or P.O. box.

Signature

If you are completing Part I, the taxpayer, executor, donor, or an authorized representative must sign. If your last return was a joint return, your spouse must also sign (unless you have indicated by checking the box on line 1 that you are establishing a separate residence).

If you are completing Part II, an officer, owner, general partner or LLC member manager, plan administrator, fiduciary, or an authorized representative must sign. An officer is the president, vice president, treasurer, chief accounting officer, etc.



If you are a representative signing on behalf of the taxpayer, you must attach to Form 8822 a copy of your power of attorney. To do this, you can use Form 2848. The Internal Revenue Service will not complete an address change from an "unauthorized" third party.

Where To File

Send this form to the Department of the Treasury, Internal Revenue Service Center, and the address shown next that applies to you. Generally, it takes 4 to 6 weeks to process your change of address.

Note. If you checked the box on line 2, or you checked the box on both lines 1 and 2, send this form to: Cincinnati, OH 45999-0023.

Filers Who Completed Part I (You checked the box on line 1 only)

IF your old home mailing address was in . . .	THEN use this address . . .
Florida, Georgia —Before July 1, 2011	Atlanta, GA 39901-0023
Florida, Georgia —After June 30, 2011	Kansas City, MO 64999-0023
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas	Austin, TX 73301-0023
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Fresno, CA 93888-0023
Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Kansas City, MO 64999-0023
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555, 2555-EZ, or 4563, or are a dual-status alien or nonpermanent resident of Guam or the Virgin Islands.	Austin, TX 73301-0023

Guam: Permanent residents	Department of Revenue and Taxation Government of Guam P.O. Box 23607 GMF, GU 96921
Virgin Islands: Permanent residents	V.I. Bureau of Internal Revenue 9601 Estate Thomas Charlotte Amalie St. Thomas, VI 00802

Filers Who Completed Part II

IF your old business address was in . . .	THEN use this address . . .
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Cincinnati, OH 45999-0023

Alabama, Alaska, Arizona,
Arkansas, California, Colorado,
Florida, Hawaii, Idaho, Iowa,
Kansas, Louisiana, Minnesota,
Mississippi, Missouri, Montana,
Nebraska, Nevada, New
Mexico, North Dakota,
Oklahoma, Oregon, South
Dakota, Texas, Utah,
Washington, Wyoming,
any place outside the
United States

Ogden, UT
84201-0023

Privacy Act and Paperwork Reduction Act

Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Our legal right to ask for information is Internal Revenue Code sections 6001 and 6011, which require you to file a statement with us for any tax for which you are liable. Section 6109 requires that you provide your identifying number on what you file. This is so we know who you are, and can process your form and other papers.

Generally, tax returns and return information are confidential, as required by section 6103. However, we may give the information to the Department of Justice and to other federal agencies, as provided by law. We may give it to cities, states, the District of Columbia, and U.S. commonwealths or possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The use of this form is voluntary. However, if you fail to provide the Internal Revenue Service with your current mailing address, you may not receive a notice of deficiency or a notice and demand for tax. Despite the failure to receive such notices, penalties and interest will continue to accrue on the tax deficiencies.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated burden for individual taxpayers filing this form is approved under OMB control number 1545-0074 and is included in the estimates shown in the instructions for their individual income tax return. The estimated burden for all other taxpayers who file this form is 16 minutes.

If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where To File* on this page.

Change of Address

3533

Do not attach this form to your return.

Part I Complete This Part to Change Your Home Mailing Address

Complete this part if the address change affects individual income tax returns (Forms 540, 540A, 540 2EZ, or the Long or Short Form 540NR)

▶ If your last return was a joint return and you are now establishing a separate residence, check the box.

1a Your first name	Initial	Last name	1b Your SSN or ITIN
2a Spouse's/RDP's first name	Initial	Last name	2b Spouse's/RDP's SSN or ITIN
3 Prior name(s) See instructions.			
4a Old address (number and street, city, state, and ZIP Code). If a PO box, PMB no., or foreign address, see instructions.			Apt. no./Ste no.
4b Spouse's/RDP's old address , (number and street, city, state, and ZIP Code). If a PO box, PMB no., or foreign address, see instructions.			Apt. no./Ste. no.
5 New address (number and street, city, state, and ZIP Code). If a PO box, PMB no., or foreign address, see instructions.			Apt. no./Ste. no.

Part II Complete This Part to Change Your Business Mailing Address or Business Location Address

Check **ALL** boxes this change affects:

- 6 Business, Estate, or Trust returns (Forms 100, 100W, 100S, 109, 199, 541, 565, or 568)
- 7a Business, Estate, or Trust location (Also complete line 11)

7b California corporation number
7c Secretary of State (SOS) file number
8b FEIN

8a Business, Estate, or Trust name

9 Old mailing address (number and street, city, state, and ZIP Code). If a PO box, PMB no., or foreign address, see instructions.

10 New mailing address (number and street, city, state, and ZIP Code). If a PO box, PMB no., or foreign address, see instructions.

11 New business location address (number and street, city, state, and ZIP Code). If a PO box, PMB no., or foreign address, see instructions.

Part III Signature

Daytime telephone number of person to contact ▶ ()

Please Sign Here

(see instructions)

▶ Your signature	Date	▶ If Part II complete, signature of owner, officer, or representative	Date
▶ If joint return, spouse's/RDP's signature	Date	▶ Title	

General Information

For purposes of California income tax, references to a spouse, husband, or wife also refer to a California registered domestic partner (RDP), unless otherwise specified. When we use the initials RDP they refer to both a California registered domestic "partner" and a California registered domestic "partnership," as applicable. For more information on RDPs, get FTB Pub. 737, Tax Information for Registered Domestic Partners.

Purpose

Use form FTB 3533, Change of Address, to change your home or business mailing address or your business location. This address change will be used for future correspondence. Generally, complete only one form FTB 3533 to change your home or business address. If this change also affects the mailing address for your children who filed separate tax returns, complete a separate form FTB 3533 for each child. If you are a representative filing for the taxpayer, attach a copy of your form FTB 3520, Power of Attorney, to this form.

You may also call our toll-free number 800.852.5711 for a change of address. If you call the Franchise Tax Board and report a change of address, you do not need to file this form.

Prior Name(s)

If you or your spouse/RDP changed your name because of marriage, divorce, etc., complete line 3.

Addresses

Include any apartment number, suite number, or private mail box (PMB) in the address field. Write the "PMB" first, then the box number. Example: 111 Main St. PMB 123.

PO Box

If your post office does not deliver mail to your street address, show your PO box number instead of your street address.

Foreign Address

If your address is outside the United States or its possessions or territories, enter the information

in the following order: city, province or state, and country. Follow the country's practice for entering the postal code. **Do not** abbreviate the country name.

Signature

If you complete Part II, the owner, officer, or a representative must sign. An officer is the president, vice president, treasurer, chief accounting officer, etc. A representative is a person who maintains a valid power of attorney to handle tax matters.

Where to File

Mail this form to:

**FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO CA 94240-0002**

If you moved after you filed your return and you are expecting a refund, notify the post office serving your old address to assist in forwarding your check to the new address.