Complete all items applicable to your organization, trade, business or employment in Vermont.

Nature of Change: [ ] Change of Address/Trade Name > Complete Part A, D & E  [ ] Ceased Employment > Complete Part B, D & E
[ ] Sale/Lease/Reorganization of Business > Complete Part C, D, & E

**CHANGE OF ADDRESS/TRADING AS: Corrections to Name and/or Address of record. (NO CHANGE IN OWNERSHIP OR BUSINESS TYPE)**

| Name: ____________________________ | Contact: ____________________________ |
| Trading As: ____________________________ | Telephone: ____________________________ |
| Address: ____________________________ | Fax & Email: ____________________________ |

**CEASED EMPLOYMENT**

Date Employment Ended: ________________ Final Pay Date: ________________

- [ ] No Longer have Vermont Employees
- [ ] Discontinued operations in Vermont

Out of Business - Reason: [ ] Ceased Business / Closed [ ] Filed for Bankruptcy [ ] Foreclosure

Location of all employment records:
- Address: ____________________________
- Contact: ____________________________ Telephone: ____________________________ Fax: ____________________________
- Email Address: ____________________________

If your business is a Corporation, are your officers receiving any wages or draws after the effective date? [ ] Yes [ ] No

**SALE / LEASE / REORGANIZATION OF BUSINESS** *(PLEASE PROVIDE THE FOLLOWING INFORMATION)*

1. Date of Change ________________ 2. Date Final Wages Paid ________________
3. Nature of change:
- [ ] ALL of Vermont Business Sold
- [ ] PART of Vermont Business Sold
- [ ] ALL of Vermont Business Leased
- [ ] PART of Vermont Business Leased
- [ ] Reorganization of Business
4. Did you retain title or control of any assets? [ ] No [ ] Yes - If "Yes" [ ] ALL [ ] PART (Specify percentages below)

<table>
<thead>
<tr>
<th>LAND</th>
<th>BUILDINGS</th>
<th>INVENTORY</th>
<th>MACHINERY</th>
<th>VEHICLES</th>
<th>OFFICE EQUIPMENT</th>
<th>FURNITURE &amp; FIXTURES</th>
<th>ACCOUNTS RECEIVABLE</th>
<th>FRANCHISE</th>
<th>OTHER-SPECIFY TYPE &amp; PERCENTAGE ON ATTACHED SHEET</th>
</tr>
</thead>
</table>

5. Other Assets retained: ____________________________ Percentage Retained: _________%

6. Enter the complete name, trading as, address and telephone number of the new owners/operators of the business:
- Legal Business Name ____________________________
- Trading As ____________________________
- Mailing Address ____________________________
- City, State, Zip ____________________________
- Contact: ____________________________ Telephone Number: ____________________________ Email Address: ____________________________

7. Is there any common ownership between the two businesses? [ ] Yes [ ] No

If Yes, attach explanation

**SECTION C CONTINUED ON PAGE 2**
8. Will the new entity continue to operate this business?  □ Yes  □ No  If No, Explain:
   
9. Will you continue to pay wages after the change to your business occurs?  □ Yes  □ No
   If "Yes", please provide reason:
   
10. Will you continue to operate a business under this legal entity?  □ Yes  □ No
    If "Yes", please give the name and the nature of the business retained/continued:
    
11. Will you be starting a new business under this legal entity?  □ Yes  □ No
    If "Yes", provide the following:
    Name of Business: _____________________________________________
    Nature of Business: _____________________________  Start Date: ________________  Date First Wages to be Paid: ________________

12. Will direction and control of the business remain the same?  □ Yes  □ No

FOR LEASED BUSINESS ONLY
13. Did the title to any assets go to the lessee?  □ Yes  □ No  If, "Yes", please provide information on the assets:
   
14. Please describe in detail the nature of the leased business:
   
15. I understand that as the seller of a business, I am required to disclose the Unemployment Insurance tax experience rating to a potential buyer upon request, in accordance with §1325(b)(1).

16. Please describe any other changes not specified above: _____________________________________________
   
I CERTIFY THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Contact Name: _____________________________  Telephone: ________________  Ext. _______  Fax: _________________________

Signature: _____________________________  Title: _____________________________  Date: ____________________