

## EMPLOYER STATUS NOTIFICATION

On \_\_\_\_\_ , \_\_\_\_\_ working within this jurisdiction.  
(DATE MM/DD/YYYY) (EMPLOYER NAME) (STARTED/STOPPED)

Employer's Tax ID Number (if known): \_\_\_\_\_

Address:

\_\_\_\_\_  
(ADDRESS LINE 1)

\_\_\_\_\_  
(ADDRESS LINE 2)

\_\_\_\_\_  
(CITY, STATE ZIP)



Agreement (if known): \_\_\_\_\_

Completed By: \_\_\_\_\_  
(NAME AND ORGANIZATION)