

**Employment Security Division**

Contributions Section  
500 East Third Street  
Carson City, NV 89713-0030  
(775) 684-6300



**DETR**

Nevada Department of Employment,  
Training and Rehabilitation

ONE NEVADA - Growing A Skilled, Diverse Workforce



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<https://uitax.nvdetr.org>

**EMPLOYER'S REPORT OF CHANGES**

**Instructions**

EMPLOYER: \_\_\_\_\_ EMPLOYER ACCOUNT NUMBER: \_\_\_\_\_

Please indicate below any changes to your employer account. Then sign, date, and return with your Contribution Report. Secure online reporting is available at <https://uitax.nvdetr.org>, then select Employer Self Service.

**Employer Information/Addresses**

- Doing Business as (DBA) Name: \_\_\_\_\_
- Legal: \_\_\_\_\_
- Benefit: \_\_\_\_\_
- Business Records: \_\_\_\_\_
- Contribution Reporting: \_\_\_\_\_

**New Location Added to Present Ownership**

- Effective Date (MM/DD/YYYY): \_\_\_\_\_  
Doing Business as (DBA) Name: \_\_\_\_\_  
Location Address: \_\_\_\_\_  
Nature of Operations: \_\_\_\_\_  
Previous Owner(s) if applicable: \_\_\_\_\_

**Business Discontinued (No New Ownership)**

- Exact Date of Last Payroll (MM/DD/YYYY): \_\_\_\_\_  
*Please notify the Division if, or when, business resumes.*

**Business Ownership – Complete New Owner(s)**

- Acquisition/Effective Date (MM/DD/YYYY): \_\_\_\_\_
- Sale of Entire Business
- Change in Legal Ownership (such as adding or dropping a partner, incorporating, etc)
- Partial Sale (not out of business)  
Describe Part Sold: \_\_\_\_\_

**NEW OWNER(S) New Federal Identification Number (if applicable):** \_\_\_\_\_

Check Type of Organization:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> S Corporation               | <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> Publicly Traded Corporation | <input type="checkbox"/> Association     | <input type="checkbox"/> Limited Liability Company     |
| <input type="checkbox"/> Privately Held Corporation  | <input type="checkbox"/> Partnership     | <input type="checkbox"/> Other                         |

Name and address of new owner(s), partner(s), corporate officer(s), etc. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_



Report suspected UI Fraud online at <https://uifraud.nvdetr.org> or call (775) 684-0475



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