ERC

REV. 3-23

**EMPLOYER’S REPORT OF CHANGE**

**WORKFORCE WEST VIRGINIA
UNEMPLOYMENT COMPENSATION DIVISION**

**Name: Click or tap here to enter text.**

**Title: Click or tap here to enter text.
Phone Number: Click or tap here to enter text.**

**Email Address: Click or tap here to enter text.
Company Name: Click or tap here to enter text.**

**FEIN: Click or tap here to enter text.
Employer Account Number: Click or tap here to enter text.**

***Please select all changes that apply*:**

[ ]  **Company Name Change**

[ ]  **Information Change**

[ ]  **Address, Phone, or Email Change**

[ ]  **Close or Inactivate Account**

[ ]  **Reactivate Account**

[ ]  **Other**

**Detailed Description of Requested Change Click or tap here to enter text.**

[ ]  **I certify that the above information is true and correct**

**Signature**

**Date**

