

**WorkForce West Virginia**  
**Employer's Report of Change**  
1900 Kanawha Boulevard East  
Building 3, Suite 300  
Charleston, West Virginia 25305

1. Company Name: \_\_\_\_\_ 2. FEIN: \_\_\_\_\_  
3. Name: \_\_\_\_\_ 4. Title: \_\_\_\_\_  
5. Phone Number: \_\_\_\_\_ 6. Email Address: \_\_\_\_\_  
7. Employer Account Number: \_\_\_\_\_

Select all changes that apply:

- Company Name Change  
 Information Change  
 Address, Phone Number, or Email Change  
 Close or Inactivate Employer Account  
 Reactivate Account  
 Other

Provided Detailed Description of the Requested Change:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date of Closure: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date