

VIRGIN ISLANDS EMPLOYMENT AGENCY
P.O. BOX 3159
ST. THOMAS, VIRGIN ISLANDS 00803

CHANGE OF STATUS/ADDRESS

DATE _____

Employer Account Number _____

Employer Name _____

Employer Address _____

Change the address of this account _____

Close this account as of _____ for the following reasons:
(Last date of employment)

Ceased business for economic reasons. No successor.

No further employment

Natural Disaster

Deceased individual/proprietor

Other _____

Business transfer:

Type of transfer: 1. Purchase of Assets only 2. Purchase of Lease

3. Purchase of Stock 4. Change of Legal Entity

5. Percentage of Stock Purchased _____

Name and address of Successor _____

Registration attached: Yes No FEIN # _____ - _____

Remarks: _____

Signature _____

(Owner, Partner, Corporate Officer, Agent.)

To Be Completed By Agency:

Auditor: _____

Approved by: _____

Master File Updated By: _____ Date updated _____