

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: _____