



# Virginia Employment Commission

## Account Change Notice Information Update (FC-20C)

**Tired of paperwork? We can help!**  
**Make Changes to your**  
Unemployment Insurance tax account online.  
**It's fast, easy, accurate, and secure!**  
[www.vec.virginia.gov](http://www.vec.virginia.gov)

**Employer Name:**

**Address 1:**

**Address 2:**

**City:**

**State:**

**Zip Code (Zip+4):**

-

Submit to:  
VEC  
Attn: Employer Accounts  
P.O. Box 1358,  
Richmond, VA 23218-1174

**Account Number:**

**Federal ID Number:**  -

**Write Legibly Within The Boxes**

A 1 C 3 2 X

**Complete and return both pages of this document only if you are requesting changes to your account.**  
**Only fill in necessary fields, leave all other fields blank.**

If there are any other changes to be made not included in this form, go to [www.vec.virginia.gov](http://www.vec.virginia.gov)

**1. Corrected Federal ID Number:**  -  *Attach copy of IRS notification*

**2. Entity Name Changed to:**

*Attach copy of recording name change with your state, or the SCC in Virginia. If corporate officers have changed, attach a copy of the name, social security number and address of each new officer and the names of the officers they are replacing.*

**3. Doing Business As Name Change:**

**4. Mailing Address Change:**

Attention:

Address 1:

Address 2:

City:

State:  Zip Code:  -

**5. Physical Location Address Change:** *Check here if same as 'Mailing Address' above*

Attention:

Address 1:

Address 2:

City:

State:  Zip Code:  -

**6. Telephone Number Change:**   -

# Account Change Notice Information Update(FC-20C)

Account Number:

Federal ID Number:

## 7. Change Account Status to Inactive:

Date Final Wages Paid:  /  /

Select only one of the following three options:

My business in Virginia has been dissolved/closed.  
If this box is checked, select one of the following

OR

I am still in business, but I no longer have employees working in Virginia.  
If this box is checked, complete all information that applies

OR

- Without Successor, Skip Section 8
- With Successor, Continue to Section 8
- I have contract workers or independent contractors still working
- Employees are now being reported by Professional Employer Organization (PEO)

Fed. ID Number of PEO:

Name of PEO: \_\_\_\_\_

I am a Domestic Employer and no longer employ a household worker.

## 8. Acquisition Details

Select one of the following acquisition reasons:

Purchase of Organization     Change of Entity     Death of Proprietor

Other \_\_\_\_\_

Change in Federal ID Number

Spin-Off of Subsidiary

Corporate Change or Reorganization

Partnership Change or Reorganization (50% or More Partners Changed)

Select one of the following:

I am the successor (New Owner)

I am the predecessor (Previous Owner)

Select one of the following:

Total Acquisition

Partial Acquisition

If Partial, indicate the percentage of sale here:  %

Date of Acquisition:  /  /

Date Final Wages Paid by Predecessor:  /  /

Is there common ownership management or control between the predecessor and successor?  Yes  No

If you are the successor, enter all available information for predecessor.  
If you are the predecessor, enter all available information for successor.

Federal ID Number:

Employer OR Entity Name:

Name of Contact:

### Mailing Address

Street Address:

State:  Zip Code:  -  Contact Telephone Number:  -

### Certification

I (or we) certify that the information contained on this notice is true and correct.

Signature \_\_\_\_\_

Print Signatory's Name and Title and phone number \_\_\_\_\_