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

Employer Name:
Address 1:
Address 2:
City:
State: **Zip Code (Zip+4):** -

Submit to:
VEC
Attn: Employer Accounts
P.O. Box 27483,
Richmond, VA 23261-7483

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

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 chnaged, 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: –

Equal Opportunity Employer/Program Auxiliary Aids and Services Are Available Upon Request to Individuals with Disabilities
Most services available at www.vec.virginia.gov

Account Change Notice Information Update(FC-20C)

Account Number: ☐☐☐☐☐☐☐☐☐☐ Federal ID Number: ☐☐-☐☐☐☐☐☐☐

7. Change Account Status to Inactive:

Date Final Wages Paid: M M / D D / Y Y Y Y

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

- ☐ Without Successor, Skip Section 8
- ☐ With Successor, Continue to Section 8

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

- ☐ 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: ______________________

OR

☐ 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 ☐ Change in Federal ID Number ☐ Spin-Off of Subsidiary

☐ Other ______________________ ☐ 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: M M / D D / Y Y Y Y Date Final Wages Paid by Predecessor: M M / D D / Y Y Y Y

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 sucessor.

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

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