

CHANGE IN EMPLOYER IDENTIFICATION

FSM Social Security Administration

New ID Number:

Old ID Number: _____

| | |
|--|---|
| 1. PURPOSE OF CHANGE: _____ | |
| 2. Name of Business: _____ | |
| 3. Please enter the names and social security number of all owners if Corporation or Partnership. (Sole Proprietorship must enter only ONE owner.) | |
| 1) _____ | SS# _____ |
| 2) _____ | SS# _____ |
| 3) _____ | SS# _____ |
| 4. Business Mailing Address _____ | |
| | Zip Code _____ |
| 5. Business Sector: (Check One) | |
| <input type="checkbox"/> <u>Government:</u> | <input type="checkbox"/> <u>Private:</u> |
| <input type="checkbox"/> State/Natl. | <input type="checkbox"/> Sole Proprietorship w/ Employee |
| <input type="checkbox"/> Municipal Govt. | <input type="checkbox"/> Sole Proprietorship NO Employee |
| <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Agency/ Corp. | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Foreign Aid (Donor Country: _____) | <input type="checkbox"/> Corporation |
| | <input type="checkbox"/> Domestic |
| | <input type="checkbox"/> Religious/Church |
| 6. Effective Date of Change _____ | 7. Number of Employees: _____ Regular _____ Part time _____ |
| 8. Nature of Business SIC Code: _____ | 9. Location of Main Office: _____ |
| Printed Name: _____ | Signature _____ |
| Title: _____ | Date: _____ |

Revised 3/97