



Update Ownership Information - Required for all changes in owners or officers (Form 5208C-2)

The Amended Tax and Wage Report form is available online at www.esd.wa.gov/tax-forms.

All registered employers must complete this form to report changes in ownership or officers. You also can use this form if you have not previously reported this information to the department. Your company's business structure determines which information you must report.

DIRECTIONS: Check the box that represents your business structure*, then complete the required information for that structure in the spaces below. Use black ink.

- Sole proprietorship – include the business owner and spouse.
- Partnership – include all partners.
- Limited liability company – include all members (officers and owners).
- For-profit corporation – include all corporate officers. Do not include shareholders or officers' spouses.
- Nonprofit corporation – include all corporate officers, except those officers who volunteer their services and receive no compensation.
- Other (please specify): _____ – include information for at least one contact person.

1. Business Name _____	2. Federal ID Number _____
3. Preparer's Name _____	4. UBI Number _____
5. Preparer's Phone () _____	6. ES Reference Number _____

Last Name _____	First Name _____	MI _____
Title _____	Social Security Number _____	
Phone Number () _____	E-mail Address (optional) _____	
Mailing Address _____		
City _____	State _____	Zip Code _____
Date became owner/officer _____	End Date (if applicable) _____	
FOR-PROFIT CORPORATIONS ONLY, PLEASE COMPLETE THE FOLLOWING:		
Amount of stock owned:	<input type="checkbox"/> zero percent	<input type="checkbox"/> less than 10 percent
		<input type="checkbox"/> 10 percent or more
Is this person related to other officers who own 10 percent or more (i.e., parent, stepparent, grandparent, spouse, children, brother, sister, stepchildren, adopted children or grandchildren)?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Last Name _____	First Name _____	MI _____
Title _____	Social Security Number _____	
Phone Number () _____	E-mail Address (optional) _____	
Mailing Address _____		
City _____	State _____	Zip Code _____
Date became owner/officer _____	End Date (if applicable) _____	
FOR-PROFIT CORPORATIONS ONLY, PLEASE COMPLETE THE FOLLOWING:		
Amount of stock owned:	<input type="checkbox"/> zero percent	<input type="checkbox"/> less than 10 percent
		<input type="checkbox"/> 10 percent or more
Is this person related to other officers who own 10 percent or more (i.e., parent, stepparent, grandparent, spouse, children, brother, sister, stepchildren, adopted children or grandchildren)?		<input type="checkbox"/> Yes <input type="checkbox"/> No

*Terms used in business structures are defined in rule. You can read the rule (WAC 192-310-010(2)(c)) online at www.esd.wa.gov/rcw-wac. You may copy this form if additional space is needed. Please number your pages.

**Send completed forms to ESD, Employer Status Unit
PO Box 9046, Olympia, WA 98507-9046 or fax to 360-902-9264**