

BUSINESS TERMINATION/INACTIVATION NOTICE

JSND/UNEMPLOYMENT INSURANCE SFN 51704 (R. 12-22)

Be Legendary.[™]

Account Number:		
Business Name:		
Terminated Business Sold Business	Changed Ownership	Inactivate
Reason:		
On (date):		
Date last wages were/will be paid in North Dakota:		
New Owner's Name:		
Address:		
City:	State:	ZIP Code:
Telephone Number:		
Your Future Address:		
City:	State:	ZIP Code:

Telephone Number:

Signature:	Phone:
Title:	Date:

Job Service North Dakota is an equal opportunity employer/program provider. Auxiliary aids and services are available upon request to individuals with disabilities.