

**GEORGIA DEPARTMENT OF LABOR**

148 Andrew Young International Blvd., Suite 850

Atlanta, Georgia 30303

Phone: 1-877-709-8185 - Fax (404) 232-3285

**REQUEST FOR EMPLOYER'S CHANGE OF ADDRESS**

GDOL Account Number \_\_\_\_\_ Federal ID Number \_\_\_\_\_

Employer Name \_\_\_\_\_

<i>Mailing Address</i>	<i>Principle Business Location in GA</i>
Company Name _____	Address _____
Address _____	City _____ State _____ Zip Code _____
City _____ State _____ Zip Code _____ County _____	Company E-mail address _____
Company E-mail address _____	Telephone No. _____ Fax No. _____
Telephone No. _____ Fax No. _____	

***Additional Addresses: Service Provider/Quarterly Tax and Wage Reports***

Service Provider's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Company E-mail address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

<i>Claims Notification Address</i>	<i>Tape and Diskette Return</i>
Address _____	Contact _____
City _____ State _____ Zip Code _____	Address _____
Telephone No. _____ Fax No. _____	City _____ State _____ Zip Code _____
	Company E-mail _____
	Telephone No. _____ Fax No. _____

***Address for Employer Quarterly Notice of Benefit Charges, DOL-620***

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

I understand that all notifications to the employer, with the above Georgia Department of Labor account number, will be sent to the designated addresses listed above.

Date \_\_\_\_\_ Telephone No. \_\_\_\_\_

Signature \_\_\_\_\_ Print Name and Title \_\_\_\_\_