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<http://dwd.wisconsin.gov/ui>

Personal Information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m), Wisconsin Statutes]. Provision of your social security number (SSN) is voluntary; not providing it could result in an information processing delay.

**1. Former Owner/Operator**

Employer Legal Name	Unemployment Insurance Account Number	Telephone Number
Trade Name	Federal ID Number	Form of Ownership (Check one) <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> LLC Electing to be Treated as a Corporation <input type="checkbox"/> Other: _____
Current Mailing Address (Street or PO Box, City, State, Zip Code)		
Physical Location of Transferred Business		
<b>Name(s) of Partner(s), Member(s), Stockholder(s)</b> Continue on additional page if necessary	<b>SSN</b>	<b>Ownership Percentage</b>

**2. New Owner/Operator**

Employer Legal Name	Unemployment Insurance Account Number	Telephone Number
Trade Name	Federal ID Number	Form of Ownership (Check one) <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> LLC Electing to be Treated as a Corporation <input type="checkbox"/> Other: _____
Current Mailing Address (Street or PO Box, City, State, Zip Code)		
Physical Location of Transferred Business		
<b>Name(s) of Partner(s), Member(s), Stockholder(s)</b> Continue on additional page if necessary	<b>SSN</b>	<b>Ownership Percentage</b>

**3. Relationship Between Parties in 1 and 2 Above**

Are the new owner/operator(s) the same or related to the former owner/operator(s)? For example, married, parent/child, common partners, stockholders, officers or parent business and subsidiary.

Yes  No | If yes, identify the relationship(s)

**4. Effective Dates**

Date transfer became effective ____/____/____	Date last operated by former owner/operator ____/____/____	Date first operated by new owner/operator ____/____/____
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**5. Options for New Owner/Operator**

You may have an option to acquire the Unemployment Insurance experience of the former owner. An application to acquire this experience must be filed by the appropriate date. See chart at right.	If the date of change is:	You must apply by:
Check one of the following statements	Jan. 1 to March 31	July 31
<input type="checkbox"/> This is my application to acquire the account experience of the former owner	April 1 to June 30	Oct. 31
<input type="checkbox"/> I do not want to acquire the account experience	July 1 to Sept. 30	Jan. 31
<input type="checkbox"/> I have not yet received the former owner's account information	Oct. 1 to Dec. 31	April 30

**6. Method of Transfer**

<input type="checkbox"/> Sale	<input type="checkbox"/> Foreclosure	<input type="checkbox"/> Sale of corporate stock	<input type="checkbox"/> Management contract
<input type="checkbox"/> Lease	<input type="checkbox"/> Cancellation of lease	<input type="checkbox"/> Merger or consolidation	<input type="checkbox"/> Inheritance
<input type="checkbox"/> Reorganization (change of legal form)	<input type="checkbox"/> Bankruptcy sale	<input type="checkbox"/> Receivership	<input type="checkbox"/> Other: _____

**7. Assets Transferred**

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Machinery and equipment	<input type="checkbox"/> Franchises & licenses	<input type="checkbox"/> None
<input type="checkbox"/> Inventories	<input type="checkbox"/> Furniture and fixtures	<input type="checkbox"/> Goodwill	<input type="checkbox"/> Other (explain):
<input type="checkbox"/> Contracts	<input type="checkbox"/> Accounts Receivable	<input type="checkbox"/> Customer lists	_____

**8. Continuation of Business**

Has the new owner/operator continued to operate the same business activity without interruption?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the owner/operator continued to operate the same business activity in the same location? (If No, give address of new location below).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered "No" to either question above, explain fully		
New Street Address		
City	State	Zip Code

**9. Number of Employees**

How many employees worked in the transferred business just prior to transfer? _____	How many employees continued with the new owner/operator? _____
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**10. Identify Nature of Business Transferred**

What specific business activity was transferred?

**11. Total or Partial Transfer**

<input type="checkbox"/> <b>Total transfer</b> of former owner/operator's Wisconsin business operations		
Will the former owner/operator continue to have payroll or employees after the transfer date?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain why		
Estimate of last employment date: ____/____/____		
<input type="checkbox"/> <b>Partial transfer</b> of former owner/operator's Wisconsin business operations		
Type of business kept by former owner/operator	Trade Name	Number of employees kept
Business location street address		
City	State	Zip Code
Estimate the percentage of former owner/operator's defined (taxable) payroll incurred in the <b>transferred</b> portion during the 12 months immediately preceding the transfer		_____ %

**12. Signature of Authorized Representative Required:** This report is submitted on behalf of:

<input type="checkbox"/> New Owner Authorized Representative Name and Position	Signature	Date	Phone Number ( )
<input type="checkbox"/> Former Owner Authorized Representative Name and Position	Signature	Date	Phone Number ( )
<input type="checkbox"/> <b>Both: Signatures of authorized representatives of both the former and new owners are required above</b>			
Contact Person Name and Position	Contact Phone Number ( )		

