

Unemployment Insurance Tax Bureau 1000 E Grand Avenue Des Moines, Iowa 50319

	F	From Predecessor Account of:			To Successor Account of:		
The following individual wages are to be transferred effective: Instructions: Enter the total wages paid to each employed		Name:Address 1:			Name:Address 1:		
		Zip+4/Postal Code:			Zip+4/Postal Code:		
		UI Account #: FEIN:				JI Account #:FEIN:	
				<u> </u>			
			ลเ wages paid to eacn employee wn e 5th calendar quarter preceding th				r in which the trar
SSN	Employee Name	QTR/YR:	QTR/YR:	QTR/YR:	QTR/YR:	QTR/YR:	QTR/YR:
0014	Employee Name	Q IIV IIV.	Q IIV IIV.	Q IIV IIV.	QTTVTT.	Q IIV IIV.	QTIVIT.
	Total Wages						
	•						
/E HEREBY AUTHORIZE	The transfer of experience listed a	bove.					
	Predecessor Signature T		Title Pho			ne Date	
)vodo osos v Cierroture		Titla	riue Pr			one Date	

Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request to individuals with disabilities.

For deaf and hard of hearing, use Relay 711.

www.workforce.iowa.gov