



Date the following taxable wages and benefit charges are to be transferred: _____

Form with two columns: From Predecessor Account of: and To Successor Account of: containing fields for Name, Address 1, Address 2, City, State, Zip+4/Postal Code, UI Account #, and FEIN.

Instructions: Complete this form when the experience of a clearly SEPARABLE employing unit is to be transferred to a successor.

Starting with the effective date of the transfer and working back, enter the transferred employees taxable wages and benefit charges (by quarter) in the table below. This information is for the last 20 calendar quarters including and immediately preceding the date of the transfer. Accounts with less than 20 quarters, should report the information from the start of their business.

Table with 4 columns: Qtr/Year, Taxable Wages, Benefit Charges. Rows 1-10.

Table with 4 columns: Qtr/Year, Taxable Wages, Benefit Charges. Rows 11-20.

Give the date the unit being transferred came into existence: _____

WE HEREBY AUTHORIZE the transfer of experience listed above.

Predecessor Signature Title Phone Date