

Guidance Document

Pursuant to Neb. Rev. Stat. §84-901.03

This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operation of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Administrative Procedures Act. If you believe that this guidance document imposes additional requirement or penalties on regulated parties, you may request a review of the document.

STATE OF NEBRASKA
 DEPARTMENT OF LABOR
 UNEMPLOYMENT INSURANCE TAX
 PO Box 94600
 LINCOLN, NE 68509-4600
 Phone: 402.471.9898
 Fax: 402.471.9994

UI Form 37

Official Use Only	
Predecessor Liabe Number	
Employer Number	
Successor Liabe Number	
Transfer Date	Reviewer

**EMPLOYER'S REPORT ON
 CHANGE OF OWNERSHIP**
 (Neb. Admin. Code 220, Chapter 6)
 (To be completed by the previous owner)

1. Type of Change	<input type="checkbox"/> Entire Business Sold <input type="checkbox"/> Incorporation of existing business	<input type="checkbox"/> Reorganization of existing business <input type="checkbox"/> Merger with existing business	<input type="checkbox"/> Stock Ownership Change (Provide list of officers) <input type="checkbox"/> Other _____	Date of Acquisition
2. How was the business acquired?	<input type="checkbox"/> Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Franchise <input type="checkbox"/> Merger <input type="checkbox"/> Other, please explain			
3. Did the new owner acquire the organization or assets of your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Is the new owner serving the same customers and/or offering the same service or product?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5. Were services performed for your business after the date of change?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain			
6. Will you start or acquire another business after the date of change?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
7. New Owner's Legal Business or Individual Name	New Owner's DBA or Trade Name, if different from Legal Name			
New Owner's Address (Street, City State, Zip Code)			Contact Name	
			Phone Number	
8. If Partial Sale Only - Explain what portion(s) of the business was acquired and the percentage of total business acquired.				

What portion of the business do you still operate? _____				
9. Will any of your workers be employed by the new owner listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____			
10. Contact information for previous owner	Contact Name	Address (Street, City State, Zip Code)		
	Phone Number			

I certify that the information provided in this report is true and correct to the best of my knowledge and belief.

Preparer's Name (please print)	Phone Number
Preparer's Title	
Signature	Date