

| Official Use Only          |          |
|----------------------------|----------|
| Predecessor Liabile Number |          |
| Employer Number            |          |
| Successor Liabile Number   |          |
| Transfer Date              | Reviewer |

**EMPLOYER'S REPORT ON  
 CHANGE OF OWNERSHIP**  
 (To be completed by the previous owner)

|                                                                                                                                                                                    |  |                                                                                                              |                                                                                                                        |                                                                                                                       |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------|
| 1. Type of Change                                                                                                                                                                  |  | <input type="checkbox"/> Entire Business Sold<br><input type="checkbox"/> Incorporation of existing business | <input type="checkbox"/> Reorganization of existing business<br><input type="checkbox"/> Merger with existing business | <input type="checkbox"/> Stock Ownership Change<br>(Provide list of officers)<br><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         |