

APPLICATION FOR TRANSFER OF RESERVE ACCOUNT

INSTRUCTIONS - Please read and complete this form carefully. If you acquired a business from an employer who was registered with the Employment Development Department, you may apply for a transfer of all or a part of the reserve account. (A reserve account is used to determine the Unemployment Insurance [UI] tax rate.) Not all reserve account balances are desirable. If the transfer of your predecessor's reserve account is approved, **you will be subject to all or a percentage of the predecessor's benefit charges, which could increase your rate.** If you need additional information, please call (916) 653-7795, Rate Management Group. Failure to completely answer all questions may result in a delay or denial of approval of this application. If more space is needed for explanation, attach separate sheets.

ANY APPLICATION FOR
TRANSFER FILED LATER THAN
90 DAYS AFTER ACQUIRING
THE BUSINESS MAY BE
RESTRICTED.

I. Complete the following:

1. Your eight-digit employer account number _____
 1a. Federal Employer Identification Number (FEIN) _____
2. Owner's full name _____
3. Your business name _____
4. Business address _____
5. Name of business acquired _____
6. Former owner's eight-digit employer account number _____
7. Former owner's full name _____
8. Former owner's business location _____
 8a. Former owner's phone number (____) _____
9. Date of acquisition _____
10. Type of acquisition (check one)
 - Purchase \$_____ (agreed upon purchase price)
 - Stock purchase
 - Change in form only. If you checked this box, please call the Taxpayer Assistance Center at (888) 745-3886 before submitting the application to determine if you were required to obtain a new account number. **For example, a new number is not required if there was just a name change, or partner added or deleted, etc.**
 - Other (explain) _____
11. Major assets acquired: (Please check all applicable.)

<input type="checkbox"/> Place of business	<input type="checkbox"/> Customers	<input type="checkbox"/> Trade name
<input type="checkbox"/> Accounts receivable	<input type="checkbox"/> Goodwill	<input type="checkbox"/> Stock in trade
<input type="checkbox"/> Tools & fixtures	<input type="checkbox"/> Staff of employees	
12. Did you continue the operation of the business you acquired? Yes No
 If no, please explain _____

13. Is there common ownership, management, or control of the business at the time of transfer? Yes No

14. Number of workers employed by seller just before sale _____

15. Number of former owner's workers now employed by you _____

16. Are you a labor contractor, employment agency or other provider of employment services? Yes No

If yes, explain operation _____

17. Did you purchase an employment agency? Yes No If you answer yes, please explain the operation:

18. Portion of the business acquired from the former owner:

(a) **ALL** of the business: (If you checked this section, you are requesting a complete reserve account transfer which cannot be processed unless the former owner's account number is inactive. If possible, please provide a letter from the former owner to inactivate their account as of the date of acquisition. **Go directly to Section III.**)

(b) **PART** of the business: (If you checked this section, complete Sections II and III.)

II.

1. That portion of the business acquired was started by its original owner on _____ (date).

Please complete either item number 2 or item number 3.

2. The portion of the business we acquired is ____% of the former owner's business. **Go to Section III.**

3. The taxable wages, for the portion of the former owner's business, which we acquired, were as follows: (USE ONLY WAGES UP TO THE **\$7,000 ANNUAL LIMIT FOR EACH EMPLOYEE** FOR CALENDAR YEARS LISTED BELOW). Please provide the taxable wages for the years shown below for the portion of the business you acquired through the quarter of acquisition.

For entire calendar years of: 2008 \$ _____ 2009 \$ _____ 2010 \$ _____

- BY QUARTERS -

	JAN. 1 TO MARCH 31	APRIL 1 TO JUNE 30	JULY 1 TO SEPT. 30	OCT. 1 TO DEC. 31
2011 \$	_____	\$ _____	\$ _____	\$ _____
2012 \$	_____	\$ _____	\$ _____	\$ _____

IF YOU CANNOT PROVIDE EXACT FIGURES, please give us your estimate. To obtain the most accurate estimate, please contact the former owner for the taxable wage information.

DID YOU ESTIMATE THESE FIGURES? Yes No

DID THE FORMER OWNER APPROVE THESE FIGURES? Yes No

III. Please list the name and phone number of the person we can contact for further information, if needed.

Print Name: _____ Phone: (____) _____

SIGN AND DATE: I/we hereby make application for transfer of reserve account and declare that the above information is correct to the best of our knowledge and belief.

Signature: _____
(Owner, Corporate Officer, Partner, LLC/LLP Member/Manager, or authorized Agent)

Date: _____

Print Name: _____

Phone: (____) _____

Title: _____