



# REPORT OF TRANSFER - PARTIAL SALE

To be filed by the previous owner (disposer)  
State Form 23299 (R5 / 4-06)  
INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT  
10 N. Senate Avenue  
Indianapolis, IN 46204-2277  
Local: 317-232-7436 Toll Free: 1-800-8916499 Fax 317-233-2706

NOTE: If as the predecessor/dispenser you have transferred a portion of your organization, trade or business, according to IAC 3-4-12, a percentage of your experience balance shall be transferred to the successor/acquirer. When an employer acquires a distinct and segregable portion of the organization upon application he assumes the position of the predecessor with respect to all the resources and liabilities of the predecessor's organization. Reference Indiana Code 22-4-10-6.

This report must be received within 30 days immediately following the date of the disposition or not later than 10 days after notification from this agency. Reference Indiana Code 22-4-10-6-b. Failure to complete this form in its entirety may result in a departmental determination of the percentage of experience balance to be transferred.

**THIS REPORT MUST BE FILED IF:** You sold, leased, or disposed of a distinct and segregable portion of your organization and payroll will continue to be paid under your current Federal ID number.

If you disposed of, or leased all of your Indiana business or assets, do not complete this form. You are required to complete State Form 46799, Report of Transfer - Complete Sale.

Please type or print in Ink.

OFFICE USE ONLY	
Disposition Date	
Disposition Code	
Audit Examiner	
Date Completed	
Merit Rate Requested	
Reassigned Account #	

Date change became effective: (mm/dd/yy) \_\_\_\_\_

1. Disposer's Indiana SUTA No.: \_\_\_\_\_ ( ) FEIN: \_\_\_\_\_

Legal name of employing unit: \_\_\_\_\_

d/b/a: \_\_\_\_\_

Business Activity: \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code \_\_\_\_\_

Contact person: \_\_\_\_\_ Telephone No. \_\_\_\_\_ Ext: \_\_\_\_\_

2. Acquirer's Indiana SUTA No.: \_\_\_\_\_ ( ) FEIN: \_\_\_\_\_

Legal name of employing unit: \_\_\_\_\_

d/b/a \_\_\_\_\_

Business Activity: \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code \_\_\_\_\_

Contact person: \_\_\_\_\_ Telephone No. \_\_\_\_\_ Ext: \_\_\_\_\_

### The percentage listed will be the experience balance transferred to the acquirer.

3. What percentage of your operations were disposed of? \_\_\_\_\_

4. Number of employees retained by you. \_\_\_\_\_

5. Number of employees rehired by the new entity. \_\_\_\_\_

6. List all location that were sold or disposed of. Please attach additional sheets if needed.

a. \_\_\_\_\_

b. \_\_\_\_\_

7. List any Indiana business operations retained by you. Please attach additional sheets if needed.

a. \_\_\_\_\_

b. \_\_\_\_\_

I further certify that I am the owner or authorized agent of the above mentioned entity.

Signature of DISPOSER or Authorized Agent \_\_\_\_\_ Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

Remarks: \_\_\_\_\_