

SUTA Account Termination or Transfer Request State Form 46800 (R7 / 03-16) INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT 10 N. Senate Ave RM SE 202 Indianapolis, IN 46204-2277 Confidential Record Pursuant To IC 4-1-6, IC 22-4-19-6



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IMPORTANT: Employers are required to file quarterly reports until the Agency makes a determination to terminate, suspend, or transfer liability for their account. Failure to file required quarterly reports may create estimated liabilities as described in IC 22-4-11-4. Failure to timely report the cessation or transfer of a business may result in civil penalties as described in IC 22-4-11-5-9 being assessed to the Employer. Please go to <a href="https://www.in.gov/dwd/SUTA.htm">www.in.gov/dwd/SUTA.htm</a> for additional information or clarification.

SECTION ONE - IDENTIFICATION OF THE EMPLOYER

What is the SUTA number currently assigned to the business being terminated, suspended, or transferred?

What is the last day on which wages greater than zero were or will be paid by this employer?

IMPORTANT: You must accurately report the last payroll date for this organization in Indiana. A quarterly report with gross wages greater than zero for the quarter containing this date is required. If a liable report is not filed, wages will be estimated based on your certification of this date on this form. If a quarterly report is filed for a quarter after this date, the account termination, suspension, or transfer will be reversed and new liability will be established for the employer.

What is the name of this business as registered with IDWD?

				[															
Date re	egister	ed with	the Inc	diana S	Secreta	ry of St	ate?					] /			/				
If not required to register with the Indiana Secretary of State, what is the legal name of the business used to secure the EIN from the IRS?																			
What is the FEIN number of this employer as registered with IDWD?																			
To wha	at addr	ess sho	ould fina	al notic	es rega	arding	this bu	siness	be sent	? <b>Do ı</b>	not use	e a thir	d party	/ agen	t addre	ess.			
Street																			
City																	State	e 🗌	
ZIP						-				L ı	is 🗌	Cana	da	Mexic	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	Othe	-		
What i	What is the telephone number for the business? <b>Do not use a third party agent phone number.</b>																		
Phone				] -								Ext or Name							
Please	provid	le an e	mail ad	Idress	where	IDWD I	may co	ntact a	respor	isible p	party fo	r the b	usiness	s. Leav	e blank	if not a	applica	ble.	

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	SECTION TWO	- BASIS FOR L	IABILITY C	HANGE					
1. Are you submitting this form your existing business or work			irt of Y	′es 🗌	No		o, go to stion 2.		
IMPORTANT: Indiana require Answering no to this question Indiana business including th misrepresentation under the and IC 22-4-11.5. For a bank with the successorship deter	n indicates that you did not ir le workforce. Failure to disclo Act. Please attach documen ruptcy, you must attach the s	n any way trans ose transfer of tation which su specific Order a	fer operation operational pports the to opproving the topproving t	onal contro control of type of tra ne sale or	ol of all or f assets is nsfer for e transfer of	part of an considere valuation the asse	existing ed a mater under IC ts. If you o	rial 22-4-10 disagre	е
Select the type that best	Reorganization or FEIN 0	Change		Bankru	iptcy	Sheriff's	Sale/For	eclosur	re 🗌
describes this transfer	Purchase/Transfer Fra	anchise	PEO/Leasi	ng Agreei	ment	Other pu	rchase or	transfe	er 🗌
(a) To the best of your knowl	edge, what percent of the ex	isting business	transferred	1?	[		] . [	%	
Please provide any known info	rmation regarding the identit	y of the Acquir	er:	FEIN					
SUTA #	Name								
(b) What day did operational	control transfer to the acquir	er?		/		/		]	
Operational control transfers immediately exercise the righ If you answered Yes to Ques disposer to the best of your a	nt. tion 1, selected the type of tr	ansfer, have a	nswered qu	estions 1	(a) and 1(t		-		
2. Are you submitting this form any experience balance assoc			nsfer <sub>Y</sub>	′es 🗌	No 🗌		o, go to stion 3.		
An employer may voluntarily calendar year. A request for								r prior	
	ges as defined by IC 22-4-4 t I by IC 22-4-8 during the curr				Yes	] No			
If you answered Yes to quest 2a, you are not eligible to vol but do not yet meet the requi suspend the account.	untarily terminate the accour	nt at this time. I	f you do no	t currently	/ have wag	jes or cov	vered emp	loymer	nt,
3. Are you submitting this form	to suspend liability and repo	orting on the ac	count? Y	′es 🗌	No	]			
If an employer ceases to hav termination or anticipates ha Once the account is suspend	ving covered employment in	the future, the	employer c	an reques	t to suspe	nd liability	on the a		
Select the type that best	Permanent business	closure	Proprietor	rship / par	tnership o	perating v	vithout em	nployee	es 🗌
describe this action	Reorganization or FEIN 0	Change	Co	rporation	officers wo	orking wit	nout remu	neratio	n 🗌
If you answered Yes to quest	ion 3 and have selected the	appropriate clo	sure descri	iption, go	to section	3 to comp	plete the s	tatus	

change.





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Provide	the	name	and co	ontact in	nforma	ation fo	or the p	erson	who	prepa	red this	s form	n for sig	nature						
First Name										Last Name										
Telephone				-				-					Agent		∎	mployee		]		
Prepare Provide				person	who i	s the r	espons	sible pa	arty f	or regi	stratio	n of th	nis entit	y. <u>Do i</u>	Date – not ider		/ [ third p	arty Ag	gent.	]
First Name										Last Name										
Telephone				] -				-					Title							
Respons IMPOR		-	-				ortifuir		the	nform					Date —		/ [			

IMPORTANT: By signing this form, you are certifying that the information contained herein is true and accurate to the best of your knowledge and belief. You further affirm that you are a person of sufficient authority with regard to the named entity to file this document and to bind the business by the information provided including all required attachments and disclosures as indicated.

Mail completed forms to:

IDWD - Employer Status Reports 10 N Senate Ave Rm SE 202 Indianapolis, IN 46204-2277 Fax: (317) 233-2706 Questions: (800) 437-9136 (2) Handbook: <u>www.in.gov/dwd</u>