



### Discontinuance or Disposition of Business or Assets

**NOTICE:** Information furnished on this report is used to determine termination of liability under Section 24 of the Michigan Employment Security Act (MCL 421.24). This report is required even though you may not be employing any workers at present. Failure to provide this information may result in a determination being made on the basis of the best information available.

1. Name and address used **prior** to Discontinuance or Disposition of Business.

- a. Name \_\_\_\_\_ UC Account No. \_\_\_\_\_
- b. Business Address \_\_\_\_\_
- c. Telephone (\_\_\_\_\_) \_\_\_\_\_ Federal Employer ID (FEIN) \_\_\_\_\_

2. Current name and address used **since** Discontinuance or Disposition of Business.

- a. Name \_\_\_\_\_
- b. Business Address \_\_\_\_\_
- c. Telephone (\_\_\_\_\_) \_\_\_\_\_

3. Name and address of person having custody of books and records.

- a. Name \_\_\_\_\_
- b. Business Address \_\_\_\_\_
- c. Telephone (\_\_\_\_\_) \_\_\_\_\_

4. Type of Organization (*check one*)  Individual  Partnership  Corporation  Limited Liability Partnership

Limited Liability Company  Other (*explain*) \_\_\_\_\_

a. Give the following information concerning owner(s), partners, corporate officers, etc.

NAME	HOME ADDRESS	TELEPHONE	SOCIAL SECURITY NUMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Reason(s) for Discontinuance or Disposition in Whole or in Part (*check one or more*).

- Sale  Reorganization  New Partnership
- Lease  Bankruptcy  Incorporation
- Foreclosure  Dissolution/Discontinued  Death
- Merger  No Employees  Employee Leasing (*attach copy of agreement*)
- Other-explain) \_\_\_\_\_

a. Date of Disposition \_\_\_\_\_ b. Date of Last Payroll \_\_\_\_\_

c. Was business discontinued prior to disposition?  Yes  No If Yes, when? \_\_\_\_\_

6. Number of places of business in Michigan \_\_\_\_\_ Number of Michigan places disposed of \_\_\_\_\_

a. Did you discontinue all employment in Michigan?  Yes  No If not, how many employees were retained? \_\_\_\_\_

b. Have you continued or resumed business in Michigan?  Yes  No If Yes, complete below:

LEGAL NAME OF BUSINESS	ADDRESS
NATURE OF BUSINESS	DATE(S) RESUMED BUSINESS

**If you need assistance, telephone 1-800-638-3994, outside Michigan 1-313-456-2180.**

**Complete questions 7 and 8 only if they apply to you. If not, disregard and sign at the bottom.**

7. Who acquired the Michigan assets, Michigan organization, Michigan trade, or Michigan business disposed of? ("Acquired" as used herein refers not only to assets purchased, but includes assets acquired by rental, lease, inheritance, merger, mortgage, foreclosure, gift, or other transfer. If more than one individual or organization is involved, answer all parts of this question for each purchaser, using separate sheets. If preferred, additional forms will be supplied upon request).

NAME(S)	ADDRESS(ES)	TELEPHONE
a. What percent of the total assets of all your Michigan businesses was acquired by the above? _____% (Attach a list of <u>any</u> of your Michigan business assets which were <u>not</u> acquired by the above.)		
b. What was the reasonable value of the Michigan organization, Michigan trade, Michigan business or Michigan assets acquired? .....		\$ _____
c. Did the above acquire any part of your Michigan organization (employees)? .....		<input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None
d. Did the above acquire any part of your Michigan trade (customers/accounts)? .....		<input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None
e. Did the above acquire any part of your Michigan business (products/services)? .....		<input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None
f. Is the above conducting the Michigan business(es) acquired from you? .....		<input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None
g. Is the above substantially owned or controlled, in whole or in major part, either directly or indirectly by legally enforceable means or otherwise, by the same interest or interests which owned or controlled your Michigan business at the time of transfer? .....		<input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None
h. Did the above hold any security interest on any of the Michigan assets acquired from you? .....		<input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None
If Yes, indicate balance owed .....		\$ _____

8. Purchaser's/Successor FEIN a. \_\_\_\_\_ b. UC Account # \_\_\_\_\_

**Upon discontinuance, disposition or transfer of all of your Michigan business, taxes become immediately due and payable, and your final Quarterly Tax Report must be filed within 15 days of such date.**

TERMINATION OF COVERAGE WHERE TOTAL TRANSFER OF MICHIGAN BUSINESS IS INVOLVED. If you disposed of your Michigan business and the Bureau finds that a total of your experience account is in order, your coverage will be terminated as of the transfer date. HOWEVER, should you have persons in your employ subsequent to the date on which your Michigan business was transferred, you are required to notify this Bureau immediately because you may be liable for taxes on your payroll regardless of the number of individuals in your employ.

DISCONTINUANCE OR PARTIAL TRANSFER OF MICHIGAN BUSINESS DOES NOT TERMINATE YOUR COVERAGE. Even though you may have disposed of a part, or all of your Michigan business in separate parcels, or discontinued all Michigan operations, you are required to continue to report and pay taxes on any wages paid to Michigan workers whom you may employ until such time as your coverage is legally terminated.

As prescribed in Rule 115, any and all documents, agreements or records describing the transactions by which all or part of this Michigan business was disposed of as indicated in Items 5 and 8 above, should be kept available for examination by this Bureau or its duly authorized representative(s) whenever such review is deemed by the Bureau to be necessary to a proper administration of the Michigan Employment Security Act.

**CERTIFICATE OF CORRECTNESS**

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS TRUE TO THE BEST OF MY KNOWLEDGE.

Date \_\_\_\_\_ Name \_\_\_\_\_ (Signature)

(Phone Number w/Area Code of Person Signing This Report)

(Official Position)

**Return this form to the address on the front or fax to 313/456-2130.**