



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF TALENT AND ECONOMIC DEVELOPMENT  
TALENT INVESTMENT AGENCY  
UNEMPLOYMENT INSURANCE

ROGER CURTIS  
DIRECTOR  
WANDA M. STOKES  
DIRECTOR

## Employer's Report on Partial Transfer of Business

UI Employer Account Number:

Mail Date:

On or about \_\_\_\_\_ you transferred a portion of your business to:

from the information available, it appears that as a result of this transfer, the Transferee qualified for a pro rata assignment of your Experience Rating Account.

The percent of transfer is determined on the basis of wages of employees whose services were performed in connection with the transferred portion of your business during the four (4) completed calendar quarters preceding the transfer date.

In order to accurately transfer a portion of your Experience Rating Account and properly allocate any unemployment benefits which might have been charged erroneously to your account, please complete the back of this form and return it within 30 calendar days from the mail date shown above. Failure to comply within 30 days will necessitate a rating account determination on the basis of the best information available. This may also result in a No-Transfer.

I certify that the information contained in this report is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

