UIA 1184 (Rev. DRAFT)

Authorized by MCL 421.1 et seq.

GRETCHEN WHITMER GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY UNEMPLOYMENT INSURANCE AGENCY

SUSAN R. CORBIN DIRECTOR

## **Notification of Partial Transfer of Business**

Additional	Information Required
UIA Employer Account Number:	Mail Date:
On [mm/dd/yyyy], the Unemployment Insura business was transferred to:	nce Agency (UIA) received notice that a portion of your
As a result of this transfer, the transferee has Experience Rating Account.	s been assigned a pro rata (proportional) share of your
. •	wages of employees whose services were performed in ur business during the four (4) calendar quarters complet-
any unemployment benefits which may curre the back of this form and return it within 30 c	ience Rating Account transfer and to properly allocate ently be erroneously charged to your account, complete calendar days from the mail date shown above. If you do nsfer determination will be made based on information rating or benefit charges.
I certify that the information contained in this	report is true and correct to the best of my knowledge.
Signature	Date
Print Name	Title
Return the completed Form to: P.O. Box 8068, Royal from the mail date shown above.	Oak, MI 48068-8068, or fax 1-517-636-0014, within 30 calendar days

## **Instructions and Worksheet**

1. Enter the total (gross) and taxable wages you paid during the 4 completed calendar quarters prior to the transfer date. (Total wages is represent the gross amount paid to all employees. Taxable wages is the amount on which contributions (taxes) were payable for all employees.) Figures entered were taken from UIA records. If an amount is not correct, provide a full explanation when you submit this report.

Qtr.	Yr.	Qtr.	Yr.	Qtr.	Yr.	Qtr.	Yr.		
Total	\$	+ Total	\$	+ Total	\$	+ Total	\$	= Total	\$
Taxable	\$	+ Taxable	\$	+ Taxable	\$	+ Taxable	\$	= Total	\$

2. Enter the portion of above wages allocatable to the transferred portion of the business. Include all of the wages paid to employees who performed all services in connection with the transferred portion of the business, during the 4 calendar quarters indicated, regardless of whether they were employed on the transfer date or had been separated at some time prior. This amount should also include the proportionate share of wages for employees who performed some, but not all, of their services for the transferred portion of the business. Use the space provided in the table below to accumulate the amounts required.

Qtr.	Yr.	Qtr.	Yr.	Qtr.	Yr.	Qtr.	Yr.	
Total	\$	+ Total	\$	+ Total	\$	+ Total	\$ = Tot	al \$
Taxable	\$	+ Taxable	\$	+ Taxable	\$	+ Taxable	\$ = Tot	al \$

3. Enter the total (gross) wages and taxable wages paid from the beginning of the quarter in which the transfer occurred through to the transfer date, that is allocatable to the transferred portion of the business. Do not complete this if the transfer occurred on March 31, June 30, September 30 or December 31 of any year.

Total	\$
Taxable	\$

4. In Section A below, list the name, Social Security number and percent of time spent by each employee who performed services in connection with the transferred portion of the business during the 4 completed quarters preceding the transfer date and during the portion of the calendar quarter, in which the transfer occurred. Attach additional sheets if necessary - computer printouts are acceptable. Section B is optional. However, you may find it useful in completing the wage totals required under items 2 and 3.

Section A			Section B	(Optional)						
This portion MUST	be completed.		Qtr.	Yr.	Qtr.	Yr.	Qtr.	Yr.	Qtr.	Yr.
NAME	SSN	% of TIME	TOTAL	TAXABLE	TOTAL	TAXABLE	TOTAL	TAXABLE	TOTAL	TAXABLE
TOTALS	Transfer to	Item 2	\$	\$	\$	\$	\$	\$	\$	\$