

Reemployment Assistance Division

PO Box 4730, Aberdeen, SD 57402-4730

Tel: 605.626.2312

Fax: 605.626.3347

dlr.sd.gov

EMPLOYER'S REPORT ON ACQUIRING A BUSINESS

Successor's FEIN: _____ Employer Account Number: _____

Owner or Corporation: _____

Phone: _____

Business Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

(Note: Mailing address will receive all information, including quarterly reports, debit/credit notices, rate notices, benefit charges, claim notices and appeals.)

Type of organization: (choose one)

Individual

Partnership

Corporation

Association

LLC

LLP

Other: Please explain: _____

Work Locations: (include new acquisition)

City	Zip Code	Indicate Specific Activity of Your Business

Acquired business by: (choose one)

Purchase

Merger

Receivership

Other

Date Acquired: _____ Predecessor's Account Number: _____

Name of Predecessor: _____

Address: _____ City: _____ State: _____ Zip: _____

Did you acquire the entire business, organization, and assets? If no, describe the nature of assets and the approximate percentage acquired.

Yes No

Number of employees on date of purchase: _____ Number of employees as of this date: _____

It was agreed between the **Successor** and the **Predecessor** that: **All** **None** **Portion** of the Employer's Experience Rating Account shall be acquired with assets and liabilities following the account, as provided in Section 61-5-42 SDCL.

This report must be signed by an owner, an elected officer of the organization, a principal administrative officer, or a responsible and duly authorized person having knowledge of the organization.

Signature: _____ Date: _____

Title: _____ Phone: _____

Do not write in this space, for SD DLR use only

Transfer: _____ Info: _____ Effective: _____ No Transfer: _____

Wage Successor: _____ Wage Year: _____