

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION

Reemployment Assistance Division

PO Box 4730, Aberdeen, SD 57402-4730

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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: _____