

Reemployment Assistance Division

PO Box 4730, Aberdeen, SD 57402-4730

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dlr.sd.gov

APPLICATION FOR EXEMPTION OR TRANSFER OF LIABILITY

1. Employer Account Number: _____

Owner or Corporate Name: _____

Business Name or DBA: _____

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

(Note: mailing address above will receive all information including debit/credit notices, benefit charges, claim notices, and appeals.)

2. I hereby make application for exemption from filing all reports required under the unemployment insurance law of South Dakota. I agree to advise the South Dakota Reemployment Assistance Division if I have employment again at any time in the future.

2a. If employment ceased or business was discontinued without a successor, give last date wages were paid: _____

or

2b. If the business was sold, leased, or otherwise transferred, please complete the following:

Effective date of disposition: _____ Date you last paid wages in South Dakota: _____

Are you retaining any part of the business? Yes No

Disposed of the business by:

Sale Merger Receivership LLP LLC Incorporation Dissolution Partnership

Other, please explain:

3. Name of successor: _____ Phone: _____

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

Type of organization: (choose one)

Individual Corporation LLP LLC Partnership Association

Other, please explain:

4. It is agreed between the Former Owner and the New Owner that: **All** **None** **Portion** of the Employer's Experience Rating Account shall be transferred with assets and liabilities following the account, as provided in Section 61-5-42 SDCL.

This report must be signed by the owner, partner, or authorized official.

Signature: _____

Title: _____

Phone: _____

Date: _____

For SD DLR use only:

Approved date _____

By _____

Effective date _____

Termination date _____