IOWA WORKFORCE DEVELOPMENT

Smart. Results.

Unemployment Insurance Tax Bureau
1000 E Grand Avenue
Des Moines, Iowa 50319

The following individual wages are to be transferred effective: _____

From Predecessor Account of:	**To Successor Account of:**
Name:	Name:
Address 1:	Address 1:
Address 2:	Address 2:
City: State:	City: State:
Zip+4/Postal Code:	Zip+4/Postal Code:
UI Account #: FEIN:	UI Account #: FEIN:

Instructions: Enter the total wages paid to each employee who worked for the employing unit being transferred.
Begin with the 5th calendar quarter preceding the transfer, an include all quarters through the quarter in which the transfer occurred.

SSN	Employee Name	QTR/YR:	QTR/YR:	QTR/YR:	QTR/YR:	QTR/YR:	QTR/YR:
	Total Wages						

WE HEREBY AUTHORIZE The transfer of experience listed above.

Print and sign completed form

Predecessor Signature | Title | Phone | Date

Print Form

Phone: (888) 848-7442 | Email: iwduitax@iwd.iowa.gov
www.iowaworkforcedevelopment.gov

Equal Opportunity Employer/Program
Auxiliary aids and services are available upon request to individuals with disabilities.
For deaf and hard of hearing, use Relay 711.