

Employment Development Department, MIC 4 PO Box 826880 Sacramento, CA 94280-0001 Fax applications to 1-916-319-1831 File electronically at <u>e-Services for Business</u> (edd.ca.gov/e-Services_for_Business) Do not mail with any other form.

Application for Transfer of Reserve Account

Acquiring a business registered with the Employment Development Department permits you to apply for a transfer of all or a part of the reserve account. A reserve account is used to calculate an employer's unemployment insurance (UI) tax rate. Not all reserve account balances are beneficial. Approved reserve account transfers make you responsible for all or a percentage of the previous owner's benefit charges and may increase your rate. Some reserve account transfers are required (section 1061, California Unemployment Insurance Code (CUIC)). Use this form to report the percent of business and employees that were transferred.

Note: Applications or transfers filed 90-days after you acquire the business may be restricted (section 1053, CUIC).

Instructions - Read this form carefully and answer all questions to avoid your application being delayed or denied. If you need more space to complete your answers, attach separate sheets. For more information, call the Taxpayer Assistance Center at 1-888-745-3886.

Section I

1.	Your eight-digit employer payroll tax account number:				
2.	Your full name:				
	Your business name:				
	Your business address:				
5.	Name of business acquired:				
	Previous owner's eight-digit employer payroll tax account number:				
7.	Previous owner's full name:				
8.	Previous owner's business address:				
	8a. Previous owner's phone number: ()				
9.	Date of acquisition:				
10.	Type of acquisition (Check one)				
	Purchase. Agreed upon purchase price: \$				
	□ Stock purchase.				
	□ Change in form only. If you checked this box, call the Taxpayer Assistance Center at 1-888-745-3886. They will help you determine if you need to get a new employer payroll tax account number. For example, a new employer payroll tax account number is not needed if there was a name change, change from sole proprietor to corporation or partnership, partner added or deleted, new federal employer identification number obtained, but same owner, LLC added, and more.				
	□ Other. Explain:				
11.	Major assets acquired (Check all that apply.)				
	Place of business	Customers	🗌 Trade name		
	Accounts receivable	Goodwill	Stock in trade		
	Tools and fixtures	Employees			
12.	Did you continue the operation of the business you acquired? \square Yes \square No				
	If No, explain:				
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- 13. Was there common ownership, management, or control of the business at the time of transfer?
 Yes No
- 14. Number of workers employed by previous owner before the sale:
- 15. Number of workers from the previous owner now employed by you:
- 16. Are you a labor contractor, employment agency, or other provider of employment services? □ Yes □ No If Yes, explain operation:
- 17. Did you purchase an employment agency? \Box Yes \Box No If Yes, explain operation:
- 18. Portion of the business acquired from the previous owner:
 - (a) All of the business. If you checked this section, you are requesting a complete reserve account transfer which cannot be processed unless the previous owner's employer payroll tax account number is inactive. If possible, provide a letter from the previous owner to deactivate their account at the date of acquisition. Go directly to Section III.
 - (b) \Box **Part of the business**. If you checked this section, complete Section II and Section III.

Section II

- 1. The portion of the business acquired was started by its previous owner on: (MM/DD/YYYY)
- 2. The portion of the business acquired is % of the previous owner's business.
- 3. If possible, provide the unemployment taxable wages for the portion of the business you acquired up to the quarter of acquisition. Use only wages up to the **\$7,000 annual limit for each employee** for calendar years. The taxable wages, for the portion of the previous owner's business acquired, were:

For calendar year: 2021	§ 2	022 \$ 20	023 \$		
	- By Quarters -				
Jan. 1 to Mar. 31	Apr. 1 to Jun. 30	Jul. 1 to Sept. 30	Oct. 1 to Dec. 31		
2024 \$	\$	\$	\$		
2025 \$	\$	\$	\$		
Note: If you cannot provide previous owner for the taxab		ate. To get the most accurate	estimate, contact the		
Did you estimate these figur	es? 🗆 Yes 🛛 No				
Did the previous owner app	rove these figures? \Box Yes	□ No			
Section III					
List the contact person's na	me and phone number:				
Print Name:		Phoi	ne: ()		
Sign and date: I or we hereby s information is correct to the bes			declare that the above		
Signature:		Date			
Owner, Corporate	Officer, Partner, LLC Mana	ger or Member, or Authorized	Agent		
Print Name:		Pho	ne: ()		

Title: