

UIA Schedule B - Successorship Questionnaire

Issued under authority of the *Michigan Employment Security Act* of 1936, as amended, MCL 421.1 et seq. Filing is mandatory for employers.

You must complete all items on this form accurately and completely. Failure to do so may subject you to the penalties provided under the *Michigan Employment Security (MES) Act*. Attach additional sheets if necessary.

Successorship Reporting Requirement. If you acquired any part of the Michigan assets, trade or business of another employer, as defined in Part 3 of this form, by purchase, rental, lease, inheritance, merger, foreclosure, bankruptcy, gift or any other form of transfer, you must provide the following information. If you made multiple acquisitions, you must file a separate UIA Schedule B for each acquisition (photocopies of this form are acceptable). **If you made no acquisitions, you are still required to complete this schedule.** If subsequent to completing this registration form, you transfer the assets (by sale or transfer), organization (payroll/employees), trade (customers/accounts), or business (products/services), in whole or in part, to a new or previously existing business in Michigan, it is **mandatory** that you notify this Agency **immediately** by completing an additional Schedule B.

UIA Account Number (if already assigned)

Federal Employer Identification No. (required)

PART I: QUESTIONS ABOUT PRIOR OR CURRENT BUSINESS FORMATIONS, ACQUISITIONS OR MERGERS

For each of the following five business formation, acquisition or merger types, the employer must indicate the pertinent business name, address and UIA Account Number in the space provided.

1. In the past 6 years, you formed, acquired or merged with a business by any means. If not applicable, check box

Business Name and Address	UIA Account Number

- a. If you formed a new business, what did you acquire from the previously existing business? (check all that apply)
 - Land Buildings Furniture/Fixtures Equipment Inventory Accounts Receivable Goodwill
 - Employees Trade Customer Accounts None
- b. If you purchased, acquired or merged with an existing business by any means (including lease), what assets did you acquire? (check all that apply)
 - Land Buildings Furniture/Fixtures Equipment Inventory Accounts Receivable Goodwill
 - Employees Trade Customer Accounts None
- c. What was the business activity of the previous business?

2. At the current time, you are forming, or acquiring, a business by any means. If not applicable, check box

Business Name and Address	UIA Account Number

- a. If you formed a new business, what did you acquire from a previously existing business? (check all that apply)
 - Land Buildings Furniture/Fixtures Equipment Inventory Accounts Receivable Goodwill
 - Employees Trade Customer Accounts None
- b. If you are purchasing or acquiring an existing business by any means (including by lease), what assets are you acquiring? (check all that apply)
 - Land Buildings Furniture/Fixtures Equipment Inventory Accounts Receivable Goodwill
 - Employees Trade Customer Accounts None
- c. Will any owner or owners of the previous business continue to operate or manage the business being registered by this form?
 - Yes No If yes, provide name, title and business address below.

- d. What was the business activity of the previous business?

- e. What will be the business activity, if any, of the previous business after the new business being registered is formed?

- f. What will be the business activity of the new business being registered by this form?

PART II: FORMER OWNER INFORMATION	
Former Owner's Name	Former Owner's UIA Account Number or FEIN, if known.
Corporate Name or DBA	Area Code & Telephone Number
Current Street Address (not a P.O. Box)	
City, State, ZIP	

PART III: ACQUISITION INFORMATION
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1. Did you acquire all, part, or none of the **assets** of any former **business** ?

All
 Part
 None

What Percent?
%

Date Acquired
2. Did you acquire all, part, or none of the **organization** (employees/payroll/personnel) of any former business?

a. If all or part, indicate the percent and date acquired.

All
 Part
 None

What Percent?
%

Date Acquired

b. Did you acquire all or part of the employees/payroll/personnel of any former business by leasing any of those employee/payroll/personnel?

Yes
 No
 (If yes, provide a copy of your lease agreement)
3. Did you acquire all, part, or none of the **trade** (customers/accounts/clients) of any former business?

All
 Part
 None

What Percent?
%

Date Acquired
4. Did you acquire all, part, or none of the former owner's Michigan **business** (products/services) of any former business?

All
 Part
 None

What Percent?
%

Date Acquired
5. Was the Michigan business described in 1-4 above being operated at the time of acquisition? If no, enter the date it ceased operation.

Yes
 No

Month
□ □

Day
□ □

Year
□ □ □ □
6. Are you conducting/operating the Michigan business you acquired?

Yes
 No
7. Is your Michigan business substantially owned or controlled in any way by the same interests that owned or controlled the organization, business or assets of a former business?

Yes
 No
8. Did you hold any secured interest in any of the Michigan assets acquired?

Yes
 No
 If yes, enter balance owed

\$
9. Enter the reasonable value of the Michigan organization, trade, business or assets acquired?

\$

Providing inaccurate or incomplete information in this Registration, or UIA Schedules A or B, will be evidence of intentional misrepresentation and may subject you to the civil and/or criminal penalties in Sections 54 and 54b of the Michigan Employment Securities (MES) Act.

Print Name of Owner/Officer			Signature of Owner/Officer/Authorized Agent		
Title	Telephone Number	Date			
Print Name of Owner/Officer			Signature of Owner/Officer/Authorized Agent		
Title	Telephone Number	Date			

Attach this schedule to Form 518, Registration for Michigan Taxes and mail it to the Michigan Department of Treasury.