

REPORT OF CHANGE IN OWNERSHIP OR DISCONTINUANCE OF BUSINESS IN WHOLE OR PART

UI-21 (Rev. 3/05)

PART 1 ENTER DATE OF CHANGE & STATUS OF OWNERSHIP PRIOR TO CHANGE

DATE OF TRANSFER/CLOSING	EMPLOYER NO.	FEDERAL NO.
Names of Owner/s or Officer/s Phone ()	TYPE OF OWNERSHIP Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other (Explain) <input type="checkbox"/>	REASON FOR CHANGE Sold..... <input type="checkbox"/> Leased..... <input type="checkbox"/> Quit..... <input type="checkbox"/> Lease Reverted..... <input type="checkbox"/> Ky. Job Completed. <input type="checkbox"/> Other (Explain)..... <input type="checkbox"/>
Trade or Business Name & Address		TYPE OF CHANGE Closed, No Successor..... <input type="checkbox"/> (Omit Parts 2, 3 & 4) Transferred in Entirety (ALL KY OPERATIONS)... <input type="checkbox"/> (Complete Part 2 - Both Parties Must Sign) Transferred in Part..... <input type="checkbox"/> (Complete Parts 2, 3 & 4 - Both Parties Must Sign)

PART 2 ENTER DATA FOR NEW OWNERSHIP

EMPLOYER NO.

FEDERAL NO.

Name, Address & S.S. # of Owner/s, Officer/s or Member/s	TYPE OF OWNERSHIP	TRADE OR BUSINESS NAME, ADDRESS & ZIP CODE
	Proprietorship <input type="checkbox"/>	
	Partnership <input type="checkbox"/>	
	Corporation <input type="checkbox"/>	
	LLC <input type="checkbox"/>	
	Other (Explain) <input type="checkbox"/>	
Location of Business in Kentucky (Street, City, Zip Code) Phone ()	Principal Activity	Principal Product

Does this business share substantially common ownership, management or control (including common parent company) with any business currently or previously operating in Kentucky? ☐ Yes. If yes, provide name, address and Kentucky Employer ID Number (if known) below. ☐ No

PART 3 ENTER DATA FOR RETAINED PORTION (if different from Part 1 or if predecessor remains in business after transferring 100 percent of reserve)

FEDERAL NO.

Agency Use Only:

Name, Address & S.S. # of Owner/s, Officer/s or Member/s	TYPE OF OWNERSHIP	TRADE OR BUSINESS NAME, ADDRESS & ZIP CODE
	Proprietorship <input type="checkbox"/>	
	Partnership <input type="checkbox"/>	
	Corporation <input type="checkbox"/>	
	LLC <input type="checkbox"/>	
	Other (Explain) <input type="checkbox"/>	
Location of Business in Kentucky (Street, City, Zip Code) Phone ()	Principal Activity	Principal Product

PART 4 TRANSFERS IN PART ONLY - ENTER EMPLOYMENT DATA FOR TRANSFERRED PORTION & % OF RESERVE ACCOUNT TO BE TRANSFERRED

FOR REGULAR BUSINESS EMPLOYMENT: Did the transferred portion have \$1500 in quarterly payroll or at least one worker in twenty calendar weeks in either the year of the transfer or in the preceding year?

YES ☐ NO ☐

FOR AGRICULTURAL EMPLOYMENT: Did the transferred portion have \$20,000 in quarterly payroll or at least ten workers in twenty calendar weeks in either the year of the transfer or in the preceding year?

YES ☐ NO ☐

Predecessor's date of first employment for transferred portion. _____

The transferor (predecessor) and the transferee (successor in part) hereby agree to the transfer of _____ % of the resources and liabilities of the transferor's reserve account. (KRS 341.540)

Percentage of reserve transferred must be based on payroll or number of employees transferred. Please indicate which basis has been used.

Transferred Payroll	÷	Total Payroll	=	_____% (or)
Transferred Employees	÷	Total Employees	=	_____%

Signature & Title of Transferor or
Disposing Employer Shown in Part 1
(Owner or Officer)

Signature & Title of Transferee or
Acquiring Employer Shown in Part 2
(Owner or Officer)

Date