Report of Employer on Transfer of One of Two or More Employing Units--Payroll Listing
68-0065 (07-16)

IOWA WORKFORCE DEVELOPMENT

Unemployment Insurance Tax Bureau
1000 E Grand Ave
Des Moines IA 50319

If you have any questions concerning how to complete this form, please call 888-848-7442.

From (Predecessor Employer's Name and Address)

Account #

To (Successor Employer's Name and Address)

Account #

The following individual wages are to be transferred effective: _____

INSTRUCTIONS: Starting with the 5th calendar quarter preceding the quarter in which the transfer occurred, and for each consecutive calendar quarter in which the transfer occurred, show the TOTAL WAGES paid each employee who worked for the employing unit being transferred.

SSN	Employee's Name	QTR YR	QTR YR	QTR YR	QTR YR	QTR YR	QTR YR
	TOTAL WAGES						

WE HEREBY AUTHORIZE The transfer of experience listed above.

Predecessor Signature _____ Tite _____ Phone _____ Date _____

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.