Report of Employer on Transfer of One of Two or More Employing Units

68-0068 (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 #

Date the following taxable wages and benefit charges are to be transferred: _____

INSTRUCTIONS: Complete this form when the experience of a clearly **SEPARABLE** employing unit is to be transferred to a successor.

Starting with the effective date of the transfer and working back, enter the transferred employees taxable wages and benefit charges (by quarter) in the table below. This information is for the last 20 calendar quarters including and immediately preceding the date of the transfer. Accounts with less than 20 quarters, should report the information from the start of their business.

	Year	Qtr	Taxable Wages	Benefit Charges
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

	Year	Qtr	Taxable Wages	Benefit Charges
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Give the date the unit being transferred came into existence _____

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.