



GEORGE N. COPADIS, COMMISSIONER
 RICHARD J. LAVERS, DEPUTY COMMISSIONER

Name _____

Account # _____

TRADE, BUSINESS, AND WORKFORCE TRANSFER REPORT

(This report must be completed within 30 days of an employer having sold or transferred all, or a portion of, its trade, business or workforce. RSA 282-A, EMP 303.15)

SALE OF BUSINESS OR ENTITY CHANGE SECTIONS

1. Changed to (check one) Sole Proprietorship Partnership Corporation LLC Date of Change _____
2. Business Sold or Leased: Yes (complete information below) No
 % of Assets Sold or Leased: _____
 Sold/Leased to: Name _____
 DBA _____
 Address _____
3. Do you still furnish employment in New Hampshire under this account number?
 Yes If YES, Please explain: _____
 No If NO, Specify last date of employment in NH: _____

TRANSFER OF WORKFORCE SECTION

4. Date of Transfer All or Portion of NH Workforce: _____
5. Business Workforce Transferred to (Transferee): Name _____
 DBA _____
 Address _____
6. Number of NH Employees Transferred: _____
(Must complete the TRADE, BUSINESS, AND WORKFORCE TRANSFER REPORT - TRANSFERRED EMPLOYEES form or attach a separate list providing transferred employees names, social security numbers, and gross wages for the last 4 completed calendar quarters prior to the date of transfer)
7. Number of Employees Retained: _____
8. Is there any common ownership, management or control between parties (Transferor and Transferee)?
 Yes No
 If YES, Please explain: _____
9. Attach a list of the Owners, all Partners, Authorized Corporate Officers and Authorized Members of Limited Liability Companies.

10. I (we) declare under penalty of law (RSA 282-A:166) that I (we) prepared this report, including any accompanying schedules and attachments, to the best of my (our) knowledge and belief, a true, correct, and complete report based on all the information relating to the matters required to be reported in this report of which I (we) have any knowledge.

Name	Title	Date
Signature	Address	Telephone #

