

DWS Account No. _____ Date _____

- 1. Employer _____
- 2. Name of Business To Be Terminated _____
- 3. Address Where This Business Is Located _____
- 4. Date of Change or Termination _____ Check below reason for Termination

- 5.(a) Bankruptcy filed under Chapter _____ 5.(b) Foreclosure
- If 5(a) or 5(b) is checked, the following information must be furnished:

(Name, Address, and Title of Either the Receiver, Trustee, or Employer's Attorney)

(Name and Address where Payroll Records of Employer Shown in Item 1 are at present)

- 5.(c) Business Discontinued in Arkansas
- 5.(d) Regulation No. 8: You have not had employees for two complete, consecutive calendar quarters.
- 5.(e) Other Specify _____
- 5.(f) Merger/Consolidated with (Name of Firm) _____
- 5.(g) Sold to (Successor's Name) _____

If 5(f) or 5(g) is checked, the following information **must** be furnished:

(Successor's Business Name and Mailing Address)

- 6.(a) Did you (The Employer Named in Item 1) continue to operate any other business with employees (In Arkansas) on the date shown in item 4 above? Yes No

- 6.(b) If "Yes," list business(es) still being operated:

Name of Business	Street Address	Town/State/Zip	No. of Employees

- 6.(c) If 6(a) is checked "No," do you agree that your account, including your experience rate, should be transferred to the successor shown in Item 5(g)? Yes No

For Field Auditor's Use Only

201 (was) (was not) submitted on
Successor on _____

(Signed)

(Title)