



283702-KFI

15. Primary Business Activity: _____
16. Are you a PEO/Employee Leasing Company? No Yes
17. Will you be reporting wages under a PEO/Employee Leasing Company? No Yes If Yes, PEO/Employee Leasing Company Account Number _____

PEO/Employee Leasing Company Name if applicable

Note: If you answered "Yes" to question number 9 on front side, purchased, or continued all or any part of an existing Indiana business, you must complete "Section A" below. Reference Indiana Code 22-4-7-2, Indiana Code 22-4-10-6

SECTION A If you have questions whether or not this section applies to you, please call (317)232 – 7436.

Nature of acquisition or change of entity: *(Please check one)*

- Purchase or Merger/Consolidation of COMPLETE Organization Lease of Complete Organization Change in Federal ID Number/Change in Entity
- Incorporation of Sole Proprietorship Purchase or Merger/Consolidation of a PORTION of Organization Corporate Change or Reorganization
- Spin-Off of a Subsidiary Death of Proprietor Partnership Change or Reorganization (50% or More Partners Changed)
- Bankruptcy or Other Proceedings PEO Add Client Other (Please explain in Remarks section below)

Date you purchased, reorganized, incorporated or otherwise took control of the Indiana business: _____

(mm/dd/yyyy)

1. Predecessor/Disposer Indiana SUTA Number: _____
2. Predecessor/Disposer Federal ID Number: _____
3. Predecessor/Disposer Legal Name: _____
4. Trade Name (or d/b/a): _____
5. Mailing Address: _____
- City: _____ State: _____
- ZIP: _____ Phone Number: _____
6. Disposer Contact Person: _____ Last Name: _____
- First Name: _____
- Disposer Contact Person Phone Number: _____

I hereby certify that all information contained herein is true, correct and complete to the best of my knowledge and belief.



Print First Name: _____ Last Name: _____

EMPLOYER'S SIGNATURE and DATE

Phone No. _____

Print First Name: _____ Last Name: _____

PREPARED BY SIGNATURE and DATE

Phone No. _____

REMARKS
