Reset Form

REPORT OF INACTIVATION

State Form 46800 (R4 / 7-13)
INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT
UI TAX ADMINISTRATION
10 N Senate Ave Indianapolis IN 46204-2277
Toll free: 1-800-437-9136 Fax: 317-233-2706

FOR OFFICE USE ONLY	
Effective Date	
Audit Examiner	
Completed Date	
Refund Requested	
FILE	

INSTRUCTIONS:

1. *Please type or print in ink.*
2. *Must be completed and returned within ten (10) days.*
3. *This form must be filed within thirty (30) days of dissolution or liquidation of business. Reference Indiana Code 22-4-32-23(b).*
4. *Placing an account on 'Inactive Status' will not relieve the owner of any debts owed to the State of Indiana.*

This report must be filed if: (check one)

☐ You or your business discontinued operations in Indiana.

☐ Your organization is operating without employees in Indiana.

NOTE: **If you have sold, leased, or merged all Indiana assets into another company, you need to complete State Form 46799, 'Report of transfer - Complete Sale'.**

Indiana SUTA number: _____ ( ) FEIN: _____ - _____

Legal name of employing unit _____

d/b/a _____

Business address *(number and street)* _____

City _____ State _____ ZIP code _____ - _____

Date of last payroll: _____ _____ _____
month *day* *year*

ALL REPORTS AND CONTRIBUTIONS ARE IMMEDIATELY DUE AND PAYABLE UPON CESSATION OR DISPOSITION OF BUSINESS. REFERENCE 640 IAC 3-1-6.

If there is a different mailing address from the business address listed above, please indicate:

Current mailing address *(number and street)* _____

City _____ State _____ ZIP code _____ - _____

Contact person _____

Telephone number ( ) _____ - _____ Extension _____

I certify that the information contained in this notice is true and correct.

_____ ( ) _____ - _____ _____
Authorized signature Telephone number Date *(month, day, year)*