



FEDERATED STATES OF MICRONESIA
SOCIAL SECURITY ADMINISTRATION

P.O. Box L Kolonia, Pohnpei State FM 96941

email: fsmssa@mail.fm

Declaration of Transfer of Business Ownership

FSMSS Emp. 001 04/2009

1) Applicant Name: _____ Address: _____

2) Employer ID Number: _____

3) Do you have your new business license? If yes, what is the:

a) Effective date: _____ b) Expiration date: _____

4) Print name(s) and social security number of all new owners if Corporation or Partnership. (Sole proprietors must enter only one owner.)

1) _____ SS # _____ DOB _____

2) _____ SS# _____ DOB _____

3) _____ SS# _____ DOB _____

a) Business Name: _____

b) Present Business Mailing Address: _____

c) Form of Business

☐ Sole Proprietor w/ Employee

☐ Sole Proprietor NO Employee

☐ Partnership

☐ Joint Venture

☐ Corporation

☐ Domestic

☐ Religious/Church

☐ Foreign Aid (Donor Country: _____)

☐ Others. Specify _____

d) Effective Date of Change: _____

e) Number of employees: Regular _____ Part-time _____

f) Nature of Business _____ SIC Code: _____

g) Location of Main Office: _____

5) Print the name(s) and social security number of all owners shown on your last employer card.

1) _____ SS # _____

2) _____ SS # _____

3) _____ SS # _____

Details on your last employer card

a) Business Name: _____

b) Business Mailing Address: _____

c) Date Business Began: _____

d) Form of Business: _____

e) Nature of Business: _____

6) Reason for Change of Business Ownership

☐ Transfer of Business Ownership:

☐ Retirement (attach certification of change of business ownership)

☐ Disability (attach certification of change of business ownership)

☐ Deceased (attach death certificate and court order appointing administrator of estate)

☐ Business sold out (attach copy of agreement)

☐ Reorganization (attach evidence of reorganization)

☐ Bankruptcy (attach evidence of bankruptcy)

7) Assets:**a) Checking Account**

Institution Name	Name of Account	Acct. No.	Balance

b) Savings Account

Institution Name	Name of Account	Acct. No.	Balance

c) Stocks, Bonds, CDs:

Institution Name	Name of Account	Acct. No.	Balance

d) Other Properties

Institution Name	Name of Account	Acct. No.	Balance

8) Debts:**a) Loans**

Lender	Name of Account	Monthly Payment	Balance Due

b) Supplies

Vendor	Name of Account	Monthly Payment	Balance Due

c) Equipment

Vendor	Name of Account	Monthly Payment	Balance Due

d) Buildings

Institution/Vendor	Name of Account	Monthly Payment	Balance Due

e) **SS Tax**

Employer ID Number	Name of Account	Monthly Payment	Balance Due

a) **Income Tax**

Employer ID Number	Name of Account	Monthly Payment	Balance Due

Documents required to accompany this form.

- ☐ Business License
 ☐ Bank Signature Cards
 ☐ Authorization to Obtain Bank Records
☐ Certification of Change of Ownership
 ☐ Agreement of Sale of Business
☐ Evidence of Bankruptcy
 ☐ Evidence of Reorganization
☐ If new owner is a minor, legal documentation that he/she is fully responsible for the business

Applicant's Statement

I ATTEST THAT I WILL NO LONGER PARTICIPATE IN THE EVERYDAY OPERATIONS OF THE BUSINESS. I AGREE TO NOTIFY SOCIAL SECURITY IF I RETURN TO WORK OR BECOME SELF-EMPLOYED AND TO PROMPTLY RETURN ANY BENEFIT CHECK I RECEIVE WHICH IS NOT DUE. I CERTIFY THAT INFORMATION GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS FORM AS MAY BE NECESSARY IN DETERMINING A RIGHT TO BENEFIT PAYMENT. I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN THIS FORM OR INTERVIEW(S) CONSTITUTES A CRIME PUNISHABLE BY FINE, IMPRISONMENT OR BOTH.

SIGNATURE OF APPLICANT: _____ DATE: _____

IMPORTANT: The FSMSSA has the right to reject a request for transfer of ownership based on pertinent information given in and accompanying this form as well as any other factor it deems relevant.

FOR OFFICIAL USE ONLY

- Has applicant had any delinquent taxes to the FSMSSA? ☐ Yes ☐ No If yes, how much is the total amount owed to the FSMSSA as of _____ to _____? \$ _____
- Has the applicant had any payment agreement with the FSMSSA? ☐ Yes ☐ No If yes, what is the period _____ to _____, terms _____, monthly payment _____, payment start _____, payment end _____?
- Has applicant defaulted on SS payment agreements to FSMSSA? ☐ Yes ☐ No If yes, how many months? _____

VERIFIED BY: _____
SS Employee _____ Date _____

Reviewed by: _____
Tax Administration Officer _____ Date _____

Approved by: _____
Administrator _____ Date _____