



Request For Letter Of Clearance

This form is authorized by IDES under Section 2600 of the Illinois Unemployment Insurance Act (820 ILCS 405/2600). This form, or company letterhead containing the same information, may be used to obtain a letter of clearance from IDES. Completion of this form is voluntary and no penalties are assessed for failure to respond. However, unless the purchaser or transferee withholds enough of the purchase price to pay to the IDES Director the amount owed by the transferor or seller, the purchaser or transferee may become **PERSONALLY LIABLE** for the payment of contributions, interest or penalties owed by the seller or transferor (up to the reasonable value of the property acquired). Failure to submit this form, or equivalent letter, may affect the purchaser's or transferee's ability to comply with Section 2600. Caution: Compliance with the Illinois Bulk Sales Act is insufficient to avoid liability for amounts owed by the seller.

This form may be completed by either the seller/transferor or purchaser/transferee. However, information about the seller's/transferor's account will be provided to that party or its representative, only, due to confidentiality requirements of the U.I. Act.

This form, or equivalent letter, must be accompanied with the attached Power of Attorney form (see page 2), if completed by the legal representative of either the seller/transferor or purchaser/transferee. Submit to the Collection Enforcement Subdivision at the above address or fax number.

Seller's Name _____

Seller's Business Name _____

Business Address _____

Seller's Home Address _____

Home Phone Number _____

Business Phone Number _____

FEIN _____ U.I. Account Number _____

Seller's Attorney _____ Address _____

Phone Number _____ Fax Number _____

Purchaser's Name _____

Purchaser's Home Address _____ Phone Number _____

Purchaser's Attorney _____ Address _____

Phone Number _____ Fax Number _____

Description of Property To Be Sold _____

Sale Date _____ Date of Closing _____ Selling Price \$ _____

Terms of Sale: Cash Sale _____ Contract Sale _____

Request Submitted By _____ Date Submitted _____

Power of Attorney for Representing Employer Under the Illinois Unemployment Insurance Act



Fax: 312-793-9981

Account No.

Employer:

located at:

(Street Address, City, State, Zip Code)

Email address:

Telephone:

hereby authorizes:

located at:

(Street Address, City, State, Zip Code)

Email address:

Telephone:

to represent the Employer before the Director in any and all matters, to act in the Employer's stead with the same consequences as the Employer, and to receive any and all information requested by said Representative pertaining to the Employer's liability for the payment of contributions, interest and penalties under the Illinois Unemployment Insurance Act (except that I understand that notices pertaining to a Determination and Assessment or Refund/Adjustment shall be sent to the employing unit at its principal place of business or its last known place of business or residence), until such time as the appointment is terminated. I understand that my Representative shall be provided information only to the extent that it is requested for one of the purposes set forth in Section 1900 of the Illinois Unemployment Insurance Act [820 ILCS 405/1900].

Signature

Name of Employer

By

Title

Date