

EMPLOYER'S REPORT ON TERMINATION OF BUSINESS

1. Name _____ Account No. _____

2. Address _____

3. Email for point of contact _____

4. Date of termination of employment: _____ In Whole In Part

a. Name and location of business terminated: _____

b. Name and location of business retained: _____

5. Explain the nature of change in ownership, or transfer of business _____

6. Is anyone continuing the business you are terminating? Yes No

a. If "YES" Give the Name, Address and Contact Information of Successor. _____

b. Date of succession: _____

c. Has the successor taken over substantially all of the trade, organization, employees, business or assets?
Yes No

7. Are you using the services of an Employee Leasing Company or Professional Employer Organization?
Yes No

If "YES" provide a copy of the contract for services and point of contact information.

8. Bankruptcy Case # _____ Chapter _____ Date Filed _____

Date of First Creditors Meeting _____
Attorney: _____

9. Remarks _____

Signed: _____ Title: _____ Date: _____

Phone: _____ Email _____

Termination of business does not terminate your coverage. All future Oklahoma payrolls must be reported until you legally terminate coverage in accordance with the provisions of Section 3-202 of the law. Please visit the EZTAXEXPRESS website for further information or assistance with your unemployment tax account.



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