

State of Oklahoma
OKLAHOMA EMPLOYMENT SECURITY COMMISSION
P.O. Box 52003
OKLAHOMA CITY, OKLAHOMA 73152-2003

EMPLOYER'S REPORT ON TERMINATION OF BUSINESS IN WHOLE OR IN PART

1. Name _____ Account No. _____

2. Address _____

3. Type of ownership: Individual Partnership Corporation Trust Estate Limited Liability Company
If other, specify: _____

4. a. Date of termination: _____ IN WHOLE IN PART

b. Name and location of business terminated: _____

c. Name and location of business retained: _____

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

6. Is anyone continuing the business you terminated? YES NO If "YES, answer the following:

a. Name and address of successor: _____

b. Date of succession: _____

c. Has successor taken over all, or substantially all, of your trade, organization, employees, business, or assets? YES NO

d. You are authorized to transfer all reports, credits of \$ _____ and experience rating history to the liable successor shown in item 6. a. effective _____, _____.

7. a. Are you using the services of an Employee Leasing Company? YES NO

b. If "YES", please provide name and address of Leasing Company _____

8. Bankruptcy Case # _____ Chapter _____ Date Filed _____ District _____
Date of First Creditor's Meeting _____
Provide attorney's name/address: _____

9. Remarks: _____

I certify that the information provided on this form is true and correct to the best of my knowledge and understanding:
Signed: _____ Title: _____ Date _____ Phone: _____
Preparer's Name, if other than taxpayer: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

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. TO OBTAIN OES-1, APPLICATION FOR OKLAHOMA UI TAX ACCOUNT NUMBER OR ASSISTANCE CONTACT THE EMPLOYER COMPLIANCE SECTION AT (405) 557-5330. THIS FORM MAY BE FAXED TO ATTN: EMPLOYER COMPLIANCE AT (405) 557-7271.

AUXILIARY AIDS AND SERVICES ARE AVAILABLE UPON REQUEST TO INDIVIDUALS WITH DISABILITIES

