

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 EMPLOYER STATUS REPORT OR ASSISTANCE CONTACT THE STATUS SECTION (405) 557-7138 OR CONTACT THE NEAREST TAX ENFORCEMENT OFFICER LISTED ON THE REVERSE SIDE OF THIS FORM.

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



OKLAHOMA EMPLOYMENT SECURITY COMMISSION
TAX ENFORCEMENT OFFICES

OKLAHOMA CITY (405) 552-6747
FAX (405) 552-6796

TULSA (918) 743-1364
FAX (918) 743-9902

ARDMORE (580) 223-3291

CLINTON (580) 223-1341

DUNCAN (580) 255-8950

DURANT (580) 924-1828

BROKEN BOW (580) 584-3361

LAWTON (580) 357-3500

MCALESTER (918) 423-6830

MIAMI (918) 542-5561

MUSKOGEE (918) 682-3364

NORMAN (405) 701-2064

OKMULGEE (918) 756-5791

SHAWNEE (405) 275-7800

TAHLEQUAH (918) 456-8846