

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**

