

Oregon Combined Payroll Tax Business Change in Status Form

To update business status and employment information

Check all boxes that apply. Attach additional sheets if needed.

Business name	BIN (Oregon business identification number) —
Other names (ABN/DBA)	FEIN (Federal employer identification number) —

General updates (check all that apply)

<input type="checkbox"/> Update/Change FEIN	New FEIN —
<input type="checkbox"/> Update/Change business name	New business name
<input type="checkbox"/> Now doing business in TriMet/Lane Transit District	Effective date

Owner/Officer updates

To update owner/officer information, attach a complete listing of the current owners and officers including position, SSN, home address, and phone number.

Employment status updates (check all that apply)

<input type="checkbox"/> Still in business, but have no paid employees. Effective date _____			
<input type="checkbox"/> Only have workers' compensation insurance to cover owners, officers or members.	<input type="checkbox"/> Only members or officers	<input type="checkbox"/> Only using independent contractors	
<input type="checkbox"/> Employing Oregon residents in another state. State: _____		<input type="checkbox"/> Now working in Oregon. Effective date _____	
<input type="checkbox"/> Courtesy withholding			

Using leased employees

Name of leasing company		Leasing company contact	
Address		City	State
Telephone () - Extension		Zip	
Date employees leased		Worker leasing company license #	
Number of leased employees	Total number of non-leased employees	Leasing corporate officers/owners? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Changing entity (check all that apply)

Effective date	Note: A new <i>Combined Employer's Registration</i> form is required when there is an entity change.		
Change from:	<input type="checkbox"/> Corporation—"C"	<input type="checkbox"/> Corporation—Subchapter "S"	<input type="checkbox"/> LLP (Limited Liability Partnership)
	<input type="checkbox"/> Individual (Sole Proprietor)	LLC (Limited Liability Company) Recognized by IRS as:	
Change to:	<input type="checkbox"/> Partnership—General	<input type="checkbox"/> Partnership—Limited	<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor/Single Member <input type="checkbox"/> Partnership
	<input type="checkbox"/> Corporation—"C"	<input type="checkbox"/> Corporation—Subchapter "S"	<input type="checkbox"/> LLP (Limited Liability Partnership)
	<input type="checkbox"/> Individual (Sole Proprietor)	LLC (Limited Liability Company) Recognized by IRS as:	
	<input type="checkbox"/> Partnership—General	<input type="checkbox"/> Partnership—Limited	<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor/Single Member <input type="checkbox"/> Partnership

Closing account (check all that apply)

<input type="checkbox"/> Closed pension/annuity account as of:	<input type="checkbox"/> No longer doing business in TriMet/Lane Transit District as of:
Business was:	Was business operating at the time it was sold, leased or transferred? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Closed	How many employees were transferred?
<input type="checkbox"/> No longer doing business in Oregon	Effective date
<input type="checkbox"/> Sold	Date of final payroll
<input type="checkbox"/> Leased	Describe what was transferred:
<input type="checkbox"/> Transferred	
<input type="checkbox"/> All of business	
<input type="checkbox"/> Part of business	
New business name	
New owner's name	New owner's telephone () - Extension
New owner's address	City
Where are the records of the terminated business? (Contact name, address, telephone number)	

Submitted by:

Print name	Title	Telephone () - Extension
Signature	Date	

Fax to: 503-947-1700 or mail to: Employment Department, 875 Union St NE Rm 107, Salem OR 97311-0030

Business Change in Status Form Instructions

Use this form to notify the Employment Department (OED), Department of Revenue (DOR), and Department of Consumer and Business Services (DCBS) of changes to your business or employment status. Attach additional sheets if needed.

General updates

NOTE: Some FEIN and name changes may require a new *Combined Employer's Registration* form to be completed.

- Provide the correct federal employer identification number (FEIN) for your business.
- Correct the business name and any spelling errors as needed.
- Check the "Now doing business in TriMet/Lane Transit District" box and include the effective date if you're an employer paying wages earned in the TriMet or Lane Transit District. You must register and file with the Oregon Department of Revenue. Wages include salaries, commissions, bonuses, fees, payments to a deferred compensation plan, or other items of value.
 - For boundary questions, see the *Oregon Combined Payroll Tax* booklet for the list of cities and ZIP codes.
 - The TriMet district includes parts of Multnomah, Washington, and Clackamas counties. For TriMet boundary questions call 503-962-6466.
 - Lane Transit District serves the Eugene-Springfield area. For Lane Transit District boundary questions call 541-682-6100.

Re-opened business

To re-open your business that you've closed for:

- Less than one year, file a:
 - *Business Change in Status Form*, 150-211-156.
- One year or more, file a:
 - *Combined Employers Registration*, 150-211-055.

For more questions contact DOR at 503-945-8091.

Owner/officer updates

Attach a separate sheet to update or change corporate officer or owner information.

Compensation for services performed by corporate officers and shareholders is subject to payroll taxes (withholding, transit, and unemployment). If owners and officers are covered by Workers' Compensation insurance, the hours worked are also subject to Workers' Benefit Fund (WBF) assessment.

Fax to: 503-947-1700 or

Mail to: **Employment Department
875 Union St NE Rm 107
Salem OR 97311-0030**

For additional copies of this form, download at:
www.oregon.gov/dor/business
or call: **503-947-1488**

Employment status updates

- Check each box that applies to your business and include the effective date of change.
- If Oregon residents are working out of Oregon, indicate which state.
- Check box and indicate effective date of employees now working in Oregon that previously worked in another state.

Using leased employees

If you lease your employees from a Professional Employer Organization (PEO)/Worker Leasing Company, fill in the information requested.

Changing entity

Include the effective date of change, check the box of the entity you're changing from and the box of the entity changing to.

NOTE: Entity changes require the completion of a new *Combined Employer's Registration* form.

Examples include, but aren't limited to:

- Changing from a sole proprietorship to a partnership or corporation.
- Changing from a partnership to a sole proprietorship or corporation.
- Changing from a corporation to a sole proprietorship or partnership.
- Changing of members in a partnership of five or fewer partners.
- Adding or removing a spouse as a liable owner.
- Changing from a sole proprietorship, corporation, or partnership to a limited liability company.

Closing account

- Check the box if you closed a pension and annuity account. Include the effective date of change.
- Check the "No longer doing business in TriMet/Lane Transit District" box and include the effective date if you moved your business from the TriMet or Lane transit district and are no longer subject to this tax.
- Check the box if you closed the business or dissolved a sole proprietorship, partnership, corporation, or limited liability company, and no longer have payroll to report. Fill in the date of final payroll.
- If you sold your business, leased your employees, or transferred your business assets, indicate whether the transaction applied to all or part of the business.
- If you leased all or part of the business, fill out the section "Using Leased Employees."

NOTE: New or reorganized businesses must complete a *Combined Employer's Registration* form, which can be found in pdf format at: **www.oregon.gov/dor/business** or electronically at **<https://secure.sos.state.or.us/ABNWeb>**.