CHANGE IN STATUS REPORT • If you have workers' compensation insurance, you must also notify your insurer.

						Departm	ent Use Only
number, or federal	es name, mailing address employer identification nur his box and fill in the chang	nber (FEIN)		here your forms are ? Check this box and below.		ceived when complete	d
Business Name							
Physical or							
Mailing Address					Business		
				Identification Num Federal	Employer		
Telephone Number	()			Identification Numb			
FEIN					Fax to:	503-947	-1700
	E: (Please check as appro		•	tions.	Mail to:	875 Unio	nent Department n St NE, Rm 107 R 97311-0030
Business Name	2:				Date of Sal	e:	
New Owner's N	lame:				Telephone	: ()	
Address:							
Was business of	operating at the time it was	sold, leased, or ot	herwise transferred	? 🗆 Yes 🗌 No			
If only part of th	e business was transferred	l, describe what w	as transferred:				
How many emp	oloyees were transferred?						
B. Partnership form	ned or changed. Explain or	a separate sheet	and attach along v	vith a Combined Emplo	oyer's Regis	stration form	for a new partnership.
Effective Date:	Formed Dissolved () Explain on fficers (attach a list of office	a separate sheet	-		oyer's Regis	tration form	or a new corporation.
Entity change	e from:		To:				
D. Now doing busi	iness in: TriMet and/c	or 🗌 Lane Trans	it District Effecti	ve Date:			
	g business in: 🗌 TriMet						
F. Partnership, LL	C/LLP, or sole proprietor or	perating without er	nployees.				
G. Now using leas	ed employees: Name of lea	asing company			Date emplo	yees transfe	rred:
Total number of	f employees prior to transfe	r			How many	employees t	ransferred?
Note: Corporate	s or no longer doing busine e officers and members of li ndividuals are considered e	mited liability com	panies are employe	es for some tax progra	ams, but not	in others. C	neck with each agency
Date of final payroll	Loo (mm/dd/yy)	cation of terminate	d business' records	: Name:			
	(1111/00/99)						
	II be necessary for me to ac ent of my employment.	gain report and pay	/ taxes if at any time	e I resume operating,	even thoug	h in a differe	nt line of business and
Signature X		Title		_ Date	Telepho	ne No.()

Change in Status Report Instructions

As an employer you must notify the Employment Department, the Department of Revenue, and your workers' compensation insurer of any change in your business.

Examples of changes to report on the *Change in Status Report* are:

- Address change.
- Name change.
- Federal employer identification number (FEIN) change, only if printed incorrectly on your forms.
- Dissolution of sole proprietor, partnership, corporation, or a limited liability company.

NOTE: New businesses need to complete a Combined Employers Registration.

- Partial or complete sale, lease, or transfer of business.
- Change in corporate officers or partnership.
- Using leased employees.
- Closing or beginning operations in a transit district:
 - If you are an employer who is paying wages earned in the TriMet and/or Lane Transit District you must register and file with the Oregon Department of Revenue. Wages include all salaries, commissions, bonuses, fees, payments to a deferred compensation plan, or other items of value.
 - If you are an employer who has recently started working in the TriMet and/or Lane Transit District, you are subject to this tax (see the Oregon Combined Payroll Tax booklet for cities and ZIP codes).

- If you are an employer who has recently moved from the TriMet and/or Lane Transit District, you are no longer subject to this tax (see the Oregon Combined Payroll Tax booklet for cities and ZIP codes).
- The TriMet District includes parts of three counties in the Portland metro area: Multnomah, Washington, and Clackamas. For TriMet boundary questions call 503-962-6466.
- Lane Transit District (LTD) serves the Eugene-Springfield metro area. For LTD boundary questions call 541-682-6100.
- Closing the business completely.

An entity change in your business that will require completion of a new *Combined Employers Registration* include:

- 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 proprietor, corporation, or partnership to a limited liability company.

Complete the "Change In Status Report" and

Fax to: 503-947-1700

– or –

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

To order additional copies of this form, contact the Employment Department or download it from the Internet at: **www.oregon.gov/DOR**.