

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"/> Courtesy withholding
<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

Using leased employees

Name of leasing company	Leasing company contact		
Address	City	State	Zip
Telephone () —	Extension	Worker leasing company license #	
Date employees leased	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 Combined Employer's Registration 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:	
	<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
Change to:	<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: <input type="checkbox"/> Closed <input type="checkbox"/> No longer doing business in Oregon	<input type="checkbox"/> Sold <input type="checkbox"/> Leased <input type="checkbox"/> Transferred
<input type="checkbox"/> All of business <input type="checkbox"/> Part of business	Was business operating at the time it was sold, leased or transferred? <input type="checkbox"/> Yes <input type="checkbox"/> No Effective date Date of final payroll Describe what was transferred:
How many employees were transferred?	
New business name	
New owner's name	New owner's telephone () — Extension
New owner's address	City State Zip
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