

# Oregon Combined Payroll Tax Business Change in Status Form

## To Update Business Status and Employment Information

Attach additional sheets if needed.

Business name	BIN (Oregon business identification number)	<b>Owner/Officer updates:</b> To update owner/officer information, attach a complete list of current owners/officers including position, social security number (SSN), home address, and phone.
Other names (ABN/DBA)	FEIN (Federal employer identification number)	
<b>General updates</b> (check all that apply)		
<input type="checkbox"/> Update/Change FEIN to:	<input type="checkbox"/> Update/Change business name to:	<input type="checkbox"/> Now doing business in TriMet/Lane Transit District as of:

**Closing account** (check all that apply)

Closed pension/annuity account as of: \_\_\_\_\_  No longer doing business in TriMet/Lane Transit District as of: \_\_\_\_\_

All or  Part of the business was  Closed  No longer doing business in Oregon  Sold  Leased  Transferred

Was business operating at the time it was sold, leased or transferred?  Yes  No Effective date: \_\_\_\_\_

How many employees were transferred? \_\_\_\_\_ Date of final payroll: \_\_\_\_\_

Describe what was transferred \_\_\_\_\_

New business name \_\_\_\_\_

New owner's name \_\_\_\_\_ New owner's phone \_\_\_\_\_

New owner's address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Where are the records of the terminated business? (Include contact name, phone, address, city, state, ZIP code) \_\_\_\_\_

**Changing entity** (check all that apply)

Effective date: \_\_\_\_\_ **Note:** A new *Combined Employer's Registration* form, 150-211-055, 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

**Employment status updates** (check all that apply)

Still in business, but have no paid employees (corporate officers are still subject to payroll taxes). Effective date: \_\_\_\_\_

Only have workers' compensation insurance to cover owners, officers or members.  Only LLC members or officers  Only using independent contractors  Courtesy withholding

Employing Oregon residents in another state. State: \_\_\_\_\_  Now working in Oregon. Effective date: \_\_\_\_\_

**Using leased employees**

Name of leasing company	Worker leasing company license number	Date employees leased
Address	City	State _____ ZIP code _____
Leasing company contact name	Phone	
Number of leased employees: _____	Number of non-leased employees: _____	Leasing corporate officers/owners? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Authorization** Under penalties of false swearing, I declare that the information on this form, including accompanying documents, is true, correct, and complete to the best of my knowledge and belief. (ORS 305.810)

Print name	Title
Signature	Date _____ Phone _____