OES-24(REV. 9/19)

OKLAHOMA EMPLOYMENT SECURITY COMMISSION
P O BOX 52003
OKLAHOMA CITY OK 73152-2003

EMPLOYER'S REPORT ON TERMINATION OF BUSINESS

1. Name _____ Account No. _____

2. Address _____

3. Email for point of contact _____

4. Date of termination of employment: _____ In Whole ☐ In Part ☐

a. Name and location of business terminated: _____

b. Name and location of business retained: _____

5. Explain the nature of change in ownership, or transfer of business _____

6. Is anyone continuing the business you are terminating? Yes ☐ No ☐

a. If "YES" Give the Name, Address and Contact Information of Successor. _____

b. Date of succession: _____

c. Has the successor taken over substantially all of the trade, organization, employees, business or assets?
Yes ☐ No ☐

7. Are you using the services of an Employee Leasing Company or Professional Employer Organization?
Yes ☐ No ☐

If "YES" provide a copy of the contract for services and point of contact information.

8. Bankruptcy Case # _____ Chapter _____ Date Filed _____

Date of First Creditors Meeting _____
Attorney: _____

9. Remarks _____

Signed: _____ Title: _____ Date: _____

Phone: _____ Email _____

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. Please visit the EZTAXEXPRESS website for further information or assistance with your unemployment tax account.

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