

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)	Owner/Officer updates: 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)	

General updates (check all that apply)

Update/Change FEIN to:
 Update/Change business name to:
 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	

Submitted by

Print name	Title OWNER	
Signature	Date	Phone

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