



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
 DIVISION OF EMPLOYMENT SECURITY
 P.O. Box 59, Jefferson City, MO 65104-0059 Fax: 573-751-7483

REPORT ON CHANGE OF BUSINESS OPERATIONS

OFFICE USE ONLY	
A/N	_____
LIA9	_____ -ID _____

EMPLOYER NAME (Print) _____ Account Number _____

Please complete item(s) which apply to you and print name below. Mail or fax to the above address.

I. COMPLETE THIS SECTION IF EMPLOYMENT/BUSINESS WAS DISCONTINUED AND BUSINESS WAS NOT SOLD

- A. Enter the date or quarter and year you last paid wages to either part-time or full-time workers _____
- B. If operating as a corporation, do/will officers receive any type of compensation? Yes No
If answer is "Yes," explain _____
- C. Do you anticipate employing workers in the foreseeable future? Yes No Date Anticipated _____
If answer is "Yes," explain _____
(A "Yes" answer will allow your account to continue as "Active." A "No" answer will be considered an application for exemption from filing contribution & wage reports beginning with quarter following last date you paid wages.)
- D. Check the reason you no longer pay wages:
 - Closed business. Enter date business was closed _____ Reason closed _____
 - Operate business without help. Explain _____
 - Use independent contractors/contract labor. Provide names, trade names, addresses and phone numbers of each. Submit copies of invoices, business cards and any other documentation you have.

 - Bankruptcy Case Number _____ Court _____ Date Filed _____ Chapter _____
 - Death of sole proprietor Date of Death _____ Letters of Refusal of Probate
 Probate County _____ Case Number _____
Name & Address of Personal Representative _____
IF BANKRUPT OR PROBATE: Name & Address of Attorney _____
 - Employees leased. Who provides the employee leasing services to your business? (State name, address & phone number of leasing company and submit copy of employee leasing agreement.) _____

 - Other reason _____
- E. What, if any, assets remain? _____

II. COMPLETE THIS SECTION TO SHOW CHANGE IN OWNERSHIP OF THE BUSINESS

- A. Date of change _____
- B. Indicate the type of change.
 - Entire Business Sold Change in Partnership Merger
 - Corporation/LLC Formed or Dissolved Stock Ownership Change (Provide list of officers)
 - Other Change, explain _____
 - Partial Sale Only – Explain what portion(s) of business was acquired and the percentage of total business acquired.

- What do you still operate? _____
- C. Enter new owner's name, business name, address, telephone number and Federal ID Number _____
- D. Does the new operator have common ownership, management or control with the previous operator? Yes No
If yes, please explain _____
- E. Were services performed after the date you stated in Item II.A.? Yes No
If "Yes," explain _____
- F. What, if any, assets remain? _____

III. ADDRESS AND/OR BUSINESS/TRADE NAME AND/OR TELEPHONE NUMBER CHANGES

- Employer address change. New address is _____
- Business/trade name change to _____
- Telephone number change to _____

I certify that the information supplied on this form is true and correct to the best of my knowledge and understanding.

Name (Print) _____ Title _____
 Telephone Number _____ Date _____