



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 \_\_\_\_\_