



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
APPLICATION FOR TERMINATION OF COVERAGE

COMPLETE AND RETURN TO:

Liability Unit, Division of Employment Security, P.O. Box 59, Jefferson City, MO 65104-0059

Business Name: _____ Account Number: _____
Address: _____

In order to terminate your liability as an employer subject to the Missouri Employment Security Law effective January 1 of any calendar year, your written application for termination of coverage must be filed with this Division no later than February 10 of the year with respect to which the termination is to be effective.

Termination to be effective January 1, _____.

1. *General Employment* – In the preceding calendar year there must have been less than 20 weeks in which you employed one or more workers for some portion of a day in employment covered by the law, and no calendar quarter in which you paid wages of \$1,500.00 or more.

Enter the number of calendar weeks in the preceding calendar year in which you employed one or more workers for some portion of a day. _____ Weeks

Record total wages paid in each calendar quarter in the preceding calendar year.

1st Qtr. _____ (Jan 1 thru Mar 31)	2nd Qtr. _____ (Apr 1 thru Jun 30)	3rd Qtr. _____ (Jul 1 thru Sep 30)	4th Qtr. _____ (Oct 1 thru Dec 31)
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2. *Domestic Employment* – In the preceding calendar year there must be no calendar quarter in which you paid domestic wages of \$1,000.00 or more.

Record total wages paid in each calendar quarter in the preceding calendar year.

1st Qtr. _____ (Jan 1 thru Mar 31)	2nd Qtr. _____ (Apr 1 thru Jun 30)	3rd Qtr. _____ (Jul 1 thru Sep 30)	4th Qtr. _____ (Oct 1 thru Dec 31)
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3. *Agricultural Employment* – In the preceding calendar year there must have been less than 20 weeks in which you employed 10 or more workers for some portion of a day in employment covered by the law, and no calendar quarter in which you paid wages of \$20,000.00 or more.

Enter the number of calendar weeks in the preceding calendar year in which you employed 10 or more workers for some portion of a day. _____ Weeks

Record total wages paid in each calendar quarter in the preceding calendar year.

1st Qtr. _____ (Jan 1 thru Mar 31)	2nd Qtr. _____ (Apr 1 thru Jun 30)	3rd Qtr. _____ (Jul 1 thru Sep 30)	4th Qtr. _____ (Oct 1 thru Dec 31)
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4. *501(c)(3) Entity* – In the preceding calendar year there must have been less than 20 weeks in which you employed four or more workers for some portion of a day in employment covered by the law.

Enter the number of calendar weeks in the preceding calendar year in which you employed four or more workers for some portion of a day. _____ Weeks

I certify that the statements herein contained are true and correct:

Signature

Date

Title

Phone