



AFFIDAVIT FOR TERMINATION PURSUANT TO 56 Ill. Adm. Code 2760.110(c)

IDES - Collections Enforcement  
115 S. LaSalle Street, Floor LL2  
Chicago, IL 60603

[DES.SpcCollections@Illinois.Gov](mailto:DES.SpcCollections@Illinois.Gov) (email)  
217-557-1948 (fax)



Employer Name  
DBA Name  
Address  
City, State, ZIP

\_\_\_\_\_ on oath states:

Employer \_\_\_\_\_, Account No. \_\_\_\_\_,  
ceased to pay wages for services in employment as of \_\_\_\_\_, and  
said employer ceased to have any individual performing services for it as of  
\_\_\_\_\_. Said employer has met the requirements for termination of  
coverage pursuant to 56 Ill. Adm. Code 2760.110 (c).

I understand that termination of coverage under this Rule shall be rescinded as of the  
date that the employing unit begins, later in the same calendar year or in the  
succeeding calendar year to have any individual performing service for it on any part  
of any day.

Certification: Under penalties as provided by law pursuant to 820 ILCS 405/2800, the undersigned  
certifies that the statements set forth in this Affidavit are true and correct in substance and in fact.

\_\_\_\_\_ Federal I.D. Number \_\_\_\_\_  
Print Name Title

\_\_\_\_\_ Telephone Number \_\_\_\_\_  
Signature

This form must be signed by the owner, partner, officer or authorized agent within the employing  
enterprise. If signed by any other person, a power of attorney must be attached.

Signed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_ Notary Public

This **Affidavit for Termination** must be accompanied by a **Notice of Change Form** (UI-50A).