

Certification of Closed or Sold Business

Business Name _____

Trade Name (if different) _____

This business was:

Permanently closed as of (mm/dd/yyyy) _____

Sold as of (mm/dd/yyyy) _____

Signature _____

Printed Name and Title _____

Telephone _____ E-Mail _____

UPDATED INFORMATION FOR CLOSED/SELLING OWNER:

Mailing Address: _____

Telephone _____ E-Mail _____

IF SOLD, INFORMATION FOR NEW OWNER:

Name: _____

Mailing Address: _____

Telephone _____ E-Mail _____

For Internal Office Use

Business Acct. No. _____ Date Received _____
Deputy Commissioner of the Revenue _____