

BUSINESS CLOSINGS FORM



TIFFANY M. BOYLE
Commissioner of the Revenue

BUSINESS NAME

VALERIE Y. GAINS
Chief Deputy

ACCOUNT #

- Closing your business, changing ownership, and entity changes do not automatically end the business license tax liability. In most cases, the Business, Professional, and Occupational License (BPOL) tax liability is assessed on the number of days a business operates during a calendar year. Operating or availing yourself to do business during any part of a calendar year will result in a tax liability. **Renewals** - Closing your business before March 1 does not relieve your tax liability for January and February.
- Entity changes - Businesses that experience an entity change are required to obtain a new business license within 30 days of commencing business. The new entity must complete a Business Classification Information (BCI) form in order to obtain a new account and new license. A BCI form can be obtained from our website www.nngov.com/cor or by calling the Business License Department at (757) 926-8651. The old entity is required to complete the closing information below. The tax liability for the old entity will be prorated based on the dates of operation.
- Provide the following information so our office can determine if you have an additional tax liability for the current year and/or the prior year due to your license tax payment being based on an estimated gross receipts amount or for proration purposes. Include your tax payment by the due date(s) with the requested closing information to avoid penalty and interest.

Date Business Closed / Entity Changed : _____/_____/_____ (month/day/year)
(Check one and provide date. If you closed after December 31st of last year, you may owe tax for the current year. If you closed before December 31 st of last year, you may be due a refund.)

Business Name: _____ **Account Number** _____

Current Mailing Address: _____

Current Phone Number: (_____) _____

Gross Receipts for this calendar year: Enter Year _____ \$ _____

Gross Receipts for LAST calendar year: Enter Year _____ \$ _____

SIGNATURE

I declare that the above statements and figures herein given are true, full and correct to the best of my knowledge and belief.

Print Name & Title of Owner /Authorized Agent

Signature of Owner / Authorized Agent

NOTE: It is a misdemeanor for any person to willfully subscribe a return which he/she does not believe to be true and correct as to every material matter. (Code of VA §58.1-11)

For assistance, please call or visit our offices below.

Downtown Office

2400 Washington Avenue
Newport News, Virginia 23607-4389
Fax Number (757) 247-2628

Business License Department

Phone (757) 926-8651

Satellite Office

12912 Jefferson Avenue
Newport News, Virginia 23608-1602
Phone (757) 886-7671 Fax (757) 886-7670

Related Taxes Department

Phone (757) 926-8644

OFFICE USE ONLY

Dept. forwarded to:

New Zone: _____ Pending: _____ Processed: _____ Verified: _____ Filed: _____