KANSAS DEPARTMENT OF REVENUE
CUSTOMER RELATIONS
915 SW HARRISON ST
TOPEKA, KANSAS 66612-1588
PHONE: 785-368-8222 FAX: 785-296-2073

NOTICE OF BUSINESS CLOSURE

FOR OFFICE USE ONLY

Inactive: _____ Date/Initial

Audited: _____ Date/Initial

Deleted: _____ Date/Initial

1. _____ Kansas Tax Account No.
2. _____ Federal Employer's ID No.
3. _____ Business Telephone Number
_____ Officer's Telephone Number

4. _____ Business Name
5. _____ Business Mailing Address
_____ City State ZIP

6. _____ Owner's/Officer's Name
7. _____ Current Address
_____ City State ZIP

9. On _____ , _____ this business was closed and I wish to cancel my registration for the following tax(es). Check each box that applies and enter the specific account number for that tax.

- ☐ Retailers' Sales _____
- ☐ Retailers' Compensating _____
- ☐ Liquor Enforcement _____
- ☐ Liquor Drink _____
- ☐ Consumer's Use _____
- ☐ Tire Excise _____
- ☐ Bingo Enforcement _____
- ☐ Dry Cleaning Surcharge _____
- ☐ Withholding _____
- ☐ Transient Guest Tax _____
- ☐ Vehicle Rental Tax _____
- ☐ Water Protection Fee _____

10. Does this business currently have employees? ☐ Yes ☐ No If no, enter effective date: _____
11. Has there been a transfer or a change in ownership? ☐ No ☐ Yes If yes, complete lines a, b and c:
    a. Trade name of new business _____
    b. New owner's name _____
    c. Starting date of new business _____ Taxpayer ID No. _____
12. This business has ☐ a cash bond ☐ an escrow bond ☐ a surety bond ☐ no bond ☐ unknown
13. Have all applicable forms for the taxes marked above been filed to date of closing? ☐ Yes ☐ No If no, file them with this form.
14. If this is a consolidated registration, are all locations being closed? ☐ Yes ☐ No If no, list the specific locations to be closed under "Remarks" on line 15.
15. Remarks and final settlement or arrangement for settlement: _____

SIGN HERE _____ Signature of Retailer/Employer _____ Title _____ Date _____ Signature of Preparer

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Was the date that the business was discontinued estimated? ☐ No ☐ Yes If yes, give source of information: _____

Accounts receivable remain to be collected: ☐ No ☐ Yes If yes, tax type: _____

Mailing address: _____

A Jeopardy Assessment is recommended. ☐ No ☐ Yes If yes, tax type: _____

A warrant is recommended. ☐ No ☐ Yes If yes, tax type: _____

Comments: _____

Prepared by: _____ Date: _____