

**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.

- | | |
|--|---|
| <input type="checkbox"/> Retailers' Sales _____ | <input type="checkbox"/> Bingo Enforcement _____ |
| <input type="checkbox"/> Retailers' Compensating _____ | <input type="checkbox"/> Dry Cleaning Surcharge _____ |
| <input type="checkbox"/> Liquor Enforcement _____ | <input type="checkbox"/> Withholding _____ |
| <input type="checkbox"/> Liquor Drink _____ | <input type="checkbox"/> Transient Guest Tax _____ |
| <input type="checkbox"/> Consumer's Use _____ | <input type="checkbox"/> Vehicle Rental Tax _____ |
| <input type="checkbox"/> Tire Excise _____ | <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, give source of information: _____	
Accounts receivable remain to be collected: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, tax type: _____	
Mailing address: _____	
A Jeopardy Assessment is recommended. <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, tax type: _____	
A warrant is recommended. <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, tax type: _____	
Comments: _____	
Prepared by: _____	Date: _____