



**City of Harrisonburg
 Commissioner of the Revenue
 409 S. Main Street
 Harrisonburg, Virginia 22801-3610
 (540) 432-7704 FAX (540) 432-7781**

**Karen I. Rose
 Commissioner of the Revenue**

OUT OF BUSINESS FORM

Date: _____

Account Number: _____ Bus Lic: _____ Per Prop: _____

Owner Name: _____

Trade Name: _____

Business Address: _____

Phone: _____

Out of Business date: _____

- Came in to counter/called _____
- Taxpayer Letter _____
- Deputy Determination: _____
- Calendar Year To Date Gross Receipts:\$ _____

Please provide the FORWARDING information:

Mailing Address: _____

Phone: _____

Comments: _____

Signature: _____

Print Name/Title: _____

Deputy: _____

FOR OFFICE USE ONLY:

<ol style="list-style-type: none"> 1. Business license on estimate: Yes _____ Actual gross receipts \$ _____ No _____ 2. Business owes outstanding meals tax/transient tax/admissions? Yes _____ No _____ 3. Business filed all the excise tax returns through closing date? Yes _____ No _____ 4. Business file a personal property return? _____ Is Personal Property still owed? _____ 5. Does the personal property return have a fixed asset listing attached? Yes _____ No _____ 6. How are they disposing of the business personal property? _____
