



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

Karen I. Rose, MCR
 Commissioner of the Revenue

OUT OF BUSINESS FORM

Date: _____
 Account Number: _____ Bus. License: _____ Per Property: _____
 Owner Name: _____
 Trade Name: _____
 Business Address: _____
 Phone: _____ Out of Business Date: _____

Was the business sold? () YES () NO (If yes, please provide the name and address of the new owner)

Name of new owner: _____

Address of new owner: _____

Has all the business equipment been sold or removed from the City of Harrisonburg? () YES () NO. Were the assets sold to the new owner? () YES () NO (If assets have not all been sold or removed, please provide a list of remaining assets).

Would you like any or part of your refund to be applied to the Business personal property account that is due for the current year? _____

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

FORWARDING Mailing Address: _____

Phone: _____

Comments: _____

Signature: _____

Print Name/Title: _____

Deputy: _____

FOR OFFICE USE ONLY:

1. Business license on estimate: Yes ___ Actual gross receipts \$ _____ No _____
2. Business owes outstanding excise taxes? Yes _____ No _____
3. Business filed all excise taxes prior to 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? _____