



City of Harrisonburg  
 Commissioner of the Revenue  
 409 S. Main Street  
 Harrisonburg, Virginia 22801-3610  
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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. (If no, 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? \_\_\_\_\_