

**FOR OFFICE USE ONLY**

Inactive: \_\_\_\_\_  
Date/Initial \_\_\_\_\_  
Audited: \_\_\_\_\_  
Date/Initial \_\_\_\_\_  
Deleted: \_\_\_\_\_  
Date/Initial \_\_\_\_\_

**NOTICE OF TAX ACCOUNT CLOSURE**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
 Kansas Tax Account No. Federal Employer's ID No. Business Telephone Number Officer's Telephone Number

5. \_\_\_\_\_ 6. \_\_\_\_\_  
 Business Name Business Mailing Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

7. \_\_\_\_\_ 8. \_\_\_\_\_  
 Owner's/Officer's Name Current Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

9. Effective \_\_\_\_\_, \_\_\_\_\_ 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 type.

- 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: \_\_\_\_\_