



Thomas M. Blackwell  
 Commissioner of the Revenue  
 Essex County, Virginia

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**NOTICE OF BUSINESS CLOSED OR RELOCATED**

**Form may be mailed, faxed or emailed**

**\*Required Fields-form cannot be accepted unless these areas are complete**

**Account#:** \_\_\_\_\_

**FED I.D #** \_\_\_\_\_

**Taxpayer 1:**

**\*Last Name:** \_\_\_\_\_ **\*First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_ **Suffix:** \_\_\_\_\_

**Taxpayer 2: (If partnership, must provide name of each partner)**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_ **Suffix:** \_\_\_\_\_

**Trade Name:** \_\_\_\_\_

**\*Mailing Address:** \_\_\_\_\_ **\*City:** \_\_\_\_\_

**\*State:** \_\_\_\_\_ **\*Zip Code:** \_\_\_\_\_

**\*Business Location:** \_\_\_\_\_ **\*Business was closed on:** \_\_\_\_\_

**Please complete the following as applicable:**

- All business equipment was sold on \_\_\_\_\_ to \_\_\_\_\_
- All business equipment was converted to personal use on \_\_\_\_\_
- All business equipment was discarded on \_\_\_\_\_

**OR**

- Business and all equipment moved on \_\_\_\_\_ to \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

**Declaration:** *I/We do hereby swear (or attest) that the above information is complete and correct to the best of my/our knowledge and belief. If submitting by EMAIL, you must initial below, which will be the equivalent of your signature. If submitting by MAIL or FAX, this notification must be signed.*

**\*Taxpayer 1 Initials:** \_\_\_\_\_ **Taxpayer 2 Initials:** \_\_\_\_\_ **\*Daytime Telephone Number:** \_\_\_\_\_

**Taxpayer 1 Signature:** \_\_\_\_\_ **Taxpayer 2 Signature:** \_\_\_\_\_

- I authorize the Commissioner of the Revenue's office to discuss this business with \_\_\_\_\_.

**\*Email Address:** \_\_\_\_\_ **\*Date:** \_\_\_\_\_

**(It is recommended that you PRINT and/or SAVE a copy for your records)**