



Sarah K. Webb
 Commissioner of the Revenue
 County of York, Virginia
 Post Office Box 189, Yorktown, Virginia 23690-0189
 P: (757) 890-3383 | F: (757) 890-3380
 W: www.yorkcounty.gov/revenue
 E: revofc@yorkcounty.gov



NOTICE OF BUSINESS UPDATE, RELOCATION OR CLOSURE

Form may be mailed or submitted through the document portal

*Business License Account #: _____ Business Personal Property Account #: _____

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

Taxpayer 1:

*Last Name: _____ *First Name: _____ Middle Initial: _____ Suffix: _____

(If partnership, must provide name of each partner)

Taxpayer 2:

Last Name: _____ First Name: _____ Middle Initial: _____ Suffix: _____

Business Name: _____ Trade Name: _____

Federal I.D.#: _____ Social OR Security#: _____ State Sales Tax I.D.#: _____

****If Sole Proprietor****

*Business Physical Address: _____

*Mailing Address: _____ *City & State: _____ *Zip Code: _____

Description of Business Activity: _____

Please complete the following as applicable:

ATTENTION IF CLOSURE: Proof of gross receipts are required, if not previously submitted for the 3 calendar years prior to the year of closure. Your business may be due a refund if your current year business license has been filed and paid and your gross receipts were over \$100,000.

- Business was closed on: _____
- 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 the DOCUMENT PORTAL, you must initial below, which will be the equivalent of your signature. If submitting by MAIL, 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)
 To submit this form through the document portal, please click [here](#).**