



ANN H. THOMAS
Commissioner of the Revenue
COUNTY OF YORK, 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**

***Business License Account #:** _____

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)