



City of Alexandria, Virginia
Cessation of Business Form
City Hall – Room 1700
P.O. Box 178, Alexandria, VA 22313
703.746.4800

businessstax@alexandriava.gov
Alexandriava.gov/BusinessTax

Owner's Name: _____

Owner's Address: _____
(Street) (Suite or Apt #)

(City) (State) (Zip Code)

Ownership Type:
(Check Appropriate Box)
 Sole Proprietorship Corporation Limited Liability Company S Corp Partnership

Business Name / Trade Name: _____

Federal Identification Number: _____ **Social Security Number:** _____

Business Location: _____
(Street) (Suite or Apt#)

(City) (State) (Zip Code)

Current Mailing Address: _____
(Street) (Suite or Apt#)

(City) (State) (Zip Code)

Business Telephone # (____) _____ - _____ **Fax #** (____) _____ - _____

Business Email Address: _____

Date Business Ceased in Alexandria: ____/____/____

Business Tax Account Number(s): _____

Prior Year Actual Gross Receipts: _____

Reason:
 Moved Out Inactive Sold Terminated
 Other: _____

Signature: _____ **Print Name:** _____ **Date:** _____
(An original signature of owner or authorized corporate representative is required.)