



City of Alexandria Cessation of Business Form

Business Tax

City Hall - Room 1700
P.O. Box 178, Alexandria, VA 22313
703.746.3903
alexandriava.gov

Owner's Name _____

Owner's Address _____
(Street)

(City) (State) (Zip)

Ownership Type:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sole Proprietorship	Partnership	Limited Liability Company	Corporation

(Check Appropriate Box)

Business Trade Name: _____

Federal ID #: _____ Or Social Security #: _____

Business Location: _____
(Street)

(City) (State) (Zip)

Current Mailing Address: _____
(Street)

(City) (State) (Zip)

Business Telephone Number: _____ Business Email Address: _____

Account Number: _____ Date Business Ceased: _____

2011 Actual Gross Receipts Earned: _____

Signature: _____ Date: _____

(An original signature of owner or authorized corporate representative is required.)