



**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/BusinessTax**

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
<small>(Check Appropriate Box)</small>				

Business Trade Name: _____

Federal ID #: _____ **Or Social Security #:** _____

Business Location: _____
 (Street)

 (City) (State) (Zip)

Current Mailing Address: _____
 (Street)

 (City) (State) (Zip)

Business Telephone #: _____

Business Email Address: _____

Account Number: _____

Date Business Ceased: _____

2014 Actual Gross Receipts Earned: _____

Reason:	<input type="checkbox"/> Moved Out	<input type="checkbox"/> Inactive	<input type="checkbox"/> Sold	<input type="checkbox"/> Terminated	<input type="checkbox"/> Other
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Signature: _____ **Date:** _____
 (An original signature of owner or authorized corporate representative is required.)