

**KANSAS DEPARTMENT OF REVENUE
CUSTOMER RELATIONS
PO BOX 3506
TOPEKA, KANSAS 66625-3506
PHONE: 785-368-8222 FAX: 785-296-2073
NOTICE OF TAX ACCOUNT CLOSURE**

FOR OFFICE USE ONLY	
Inactive: _____	Date/Initial _____
Audited: _____	Date/Initial _____
Deleted: _____	Date/Initial _____

1. _____ Kansas Tax Account No.	2. _____ Federal Employer's ID No.	3. _____ Business Telephone Number	4. _____ Officer's Telephone Number
5. _____ Business Name	6. _____ Business Mailing Address		
	City _____	State _____	Zip Code _____
7. _____ Owner's/Officer's Name	8. _____ Current Address		
	City _____	State _____	Zip Code _____

9. Effective _____, _____ I wish to cancel my registration for the following tax(es). Check each box that applies and enter the specific account number for that tax type.

- | | |
|--------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Retailers' Sales _____ | <input type="checkbox"/> Bingo Enforcement _____ |
| <input type="checkbox"/> Retailers' Compensating _____ | <input type="checkbox"/> Dry Cleaning Surcharge _____ |
| <input type="checkbox"/> Liquor Enforcement _____ | <input type="checkbox"/> Withholding _____ |
| <input type="checkbox"/> Liquor Drink _____ | <input type="checkbox"/> Transient Guest Tax _____ |
| <input type="checkbox"/> Consumer's Use _____ | <input type="checkbox"/> Vehicle Rental Tax _____ |
| <input type="checkbox"/> Tire Excise _____ | <input type="checkbox"/> Water Protection Fee _____ |
| <input type="checkbox"/> Cigarette/Tobacco _____ | <input type="checkbox"/> Consumable Material _____ |

10. Does this business currently have employees? Yes No If no, enter effective date: _____

11. Has there been a transfer or a change in ownership? No Yes If yes, complete lines a, b and c:

- a. Trade name of new business _____
- b. New owner's name _____
- c. Starting date of new business _____ Taxpayer ID No. _____

12. This business has a cash bond an escrow bond a surety bond no bond unknown

13. Have all applicable forms for the taxes marked above been filed to date of closing? Yes No If no, file them with this form.

14. If this is a consolidated registration, are all locations being closed? Yes No If no, list the specific locations to be closed under "Remarks" on line 15.

15. Remarks and final settlement or arrangement for settlement: _____

SIGN HERE

_____ (Signature of Retailer/Employer)	_____ (Printed Name of Retailer/Employer)	_____ (Title)	_____ (Date)
_____ (Signature of Preparer)	_____ (Printed Name of Preparer)		

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Was the date that the business was discontinued estimated? No Yes If yes, give source of information: _____

Accounts receivable remain to be collected: No Yes If yes, tax type: _____

Mailing address: _____

A Jeopardy Assessment is recommended. No Yes If yes, tax type: _____

A warrant is recommended. No Yes If yes, tax type: _____

Comments: _____

Prepared by: _____ Date: _____