



Business Account Cancellation

Please print clearly using blue or black ink.

Type of Business Entity:

City ID / Account #: _____
Federal EIN / SSN: _____

Legal Name: _____
Trade Name: _____
Street Address: _____
City / State / Zip: _____

- SOLE PROPRIETORSHIP
- PARTNERSHIP
- CORPORATION
- S- CORPORATION
- LLC (SINGLE MBR, PARTNERSHIP, CORP, ETC)
- NON-PROFIT
- OTHER

HAS THE BUSINESS BEEN PERMANENTLY CLOSED? YES NO

IF YES, ENTER THE FINAL DATE OF BUSINESS ACTIVITY: _____

HAS THE BUSINESS BEEN SOLD? YES NO

IF YES, ENTER DATE OF SALE: _____

ENTER NAME(S) OF THE NEW OWNERS: _____

HAS THE BUSINESS MOVED OUTSIDE THE CITY OF PITTSBURGH? YES NO

IF YES, WHAT IS THE ADDRESS OF THE NEW LOCATION? _____

DATE OF MOVE: _____

WILL BUSINESS ACTIVITY BE CONDUCTED IN PITTSBURGH AFTER THE MOVE? YES NO

*NOTE: IF A BUSINESS IS NO LONGER LOCATED IN THE CITY OF PITTSBURGH LIMITS, BUT PERFORMS ANY TYPE OF SERVICE - CONTRACTUAL OR OTHERWISE WITHIN CITY LIMITS, THAT BUSINESS MAY STILL HAVE TAX LIABILITY DUE TO PITTSBURGH.

IF YES, BRIEFLY DESCRIBE: _____

HAS THE BUSINESS ACQUIRED THE SERVICES OF A PAYROLL AGENT TO FILE YOUR RETURNS? YES NO

IF YES, NAME OF PAYROLL AGENT: _____

PAYROLL AGENT FEDERAL EIN: _____

AFFIRMATION:

I, _____, OF _____
(PLEASE PRINT – OWNER / OPERATOR / OFFICER) (BUSINESS NAME)

DO HEREBY AFFIRM THAT THIS DOCUMENT HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS TRUE, CORRECT AND COMPLETE.

SIGNATURE: _____ DATE: _____

DAYTIME PHONE: _____ EMAIL ADDRESS: _____

MAIL COMPLETED FORM TO: TAX INVESTIGATIONS, DEPT. OF FINANCE, CITY OF PITTSBURGH,
414 GRANT ST. RM 209, PITTSBURGH PA 15219

FAX: 412-255-6821

FOR INFORMATION: 412-255-2508