



**The City of Pittsburgh  
Department of Finance**



**Discontinuation of Business Activity Form**

**PRINT OR TYPE ALL INFORMATION** **DO NOT USE RED INK**

CITY ID NUMBER: \_\_\_\_\_

NET PROFIT / WT-4 Account Number: (if applicable) \_\_\_\_\_

FEDERAL EIN: \_\_\_\_\_ or S.S. # \_\_\_\_\_

Legal Name (Last, First, M)

\_\_\_\_\_

Trade name (if any)

\_\_\_\_\_

Address	City	State	Zip
_____			

Type of Business Entity:  Sole Proprietorship  Partnership  Corporation  S-Corporation  
 Other \_\_\_\_\_

**A. BUSINESS ACTIVITY INFORMATION: (fill in oval)**

(1) Has the business entity discontinued **all** operations? YES  NO

If **YES**, date of discontinuation: \_\_\_\_\_

(2) Have **all** locations closed? YES  NO

If **NO**, what locations are open? (Provide business addresses)

\_\_\_\_\_

(3) Has the business entity been sold? YES  NO

If **YES**, name(s) of new owner(s): \_\_\_\_\_

(4) Has the business entity moved from Pittsburgh? YES  NO

If **YES**, address of new location: \_\_\_\_\_

**Note: If a business is no longer located in the City of Pittsburgh limits, but performs any type of service, contractual or otherwise within the City limits, that business may still be liable for City/School District taxes. Contact the City of Pittsburgh Taxpayer Services Center for further information at 412-255-2508.**

**BUSINESS ACTIVITY INFORMATION – CONTINUED**

Date business moved: \_\_\_\_\_

(5) If the business is still in operation, do you employ Pittsburgh residents? (If completely discontinued, skip to part B). YES  NO

Final quarter in which Pittsburgh resident tax was withheld - \_\_\_\_\_

(6) Are you a City resident? YES  NO

(7) Will any business activity be conducted in Pittsburgh? YES  NO

If **YES**, please describe: \_\_\_\_\_

\_\_\_\_\_

**B. AFFIRMATION:**

I, \_\_\_\_\_, \_\_\_\_\_  
(Owner name / Officer (if corporation) please print) (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** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Signature) (Date) (Telephone No.)

Resident Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Street) (City) (State) (ZIP)

Mail completed form to:  
**BEN COGAN, AUDITOR**  
**CITY OF PITTSBURGH**  
**DEPARTMENT OF FINANCE**  
**414 GRANT ST RM 206**  
**PITTSBURGH PA 15219**

For questions regarding this form, please dial **412-255-2554**