

**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 _____   |

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: \_\_\_\_\_