

FINAL/CLOSE FORM

CITY OF ATLANTA

DEPARTMENT OF FINANCE | OFFICE OF REVENUE | BUSINESS TAX DIVISION 55 TRINITY AVENUE SW, SUITE 1350, ATLANTA, GEORGIA 30303 PHONE: (404) 330-6270 | EMAIL: REVENUECOMPLIANCE@ATLANTAGA.GOV



FINAL/CLOSE FORM

When a business is sold, closed or moved out of the City of Atlanta, the Business Tax Division must be notified.

PLEASE NOTE:

Lagal Rusiness Name/DRA.

- Federal and State full schedule tax returns are required for last 2 years of operation. If the final year's returns are not filed, please provide the income statement with the IRS 7004 extension form.
- > Business licenses are NOT transferable. New ownership must apply for a new business license.
- Failing to renew your business license will not close out the business license account.
- ➤ If the Owner is deceased, you must provide a government issued death certificate.
- Failure to submit Tax returns constitutes an automatic denial of this request.

Legal Business Name/DBA:	Busine	ss License #:
Business Physical Address:		
Email Address:	Phone	<u> </u>
Final Date of Business Operation in the City of	Atlanta	
Actual Gross Revenue for the number of month	s in business generated in Georgia	
Number of (equivalent) full time employees (2	Part time employees = 1 Full time e	employee)
Does this business hold an alcohol license? Yl	ES[] NO[]	
	s business account is considered ac	tive until all required close
If the owner is deceased, please list date of death	and provide a copy of the govern	
Date of Death:		
ACKNOWI I declare under penalty of making false declars	LEDGEMENT AND CONFIRMATIO	N
knowledge and belief, it is a true, correct and count shall in no way relieve the owners obeing paid.	omplete statement made in good fai	ith. It is understood that the closing of
Signature	Title	Date

Revised 12/2020