

5 County Complex Ct. Woodbridge, Virginia 22192-9201 Phone: 703-792-6710 Fax: 703-792-4672 Email: Taxpayer Services@pwcgov.org

Business Closure Form

Use this form only if a business operating in Prince William County has stopped operations permanently or moved out of Prince William County to a different jurisdiction. A separate form is needed for each closed location.

BUSINESS INFORMATION		
Business Name /Trade Name:		
FEIN/SSN:	Business Location Address:	
Business License Account #	Business Tangible Account	t#
Food & Beverage Account #:	Owner's Name:	
Owner's Address:	Date Business Closed:	
Note: Businesses closed on Januar	ry 1 (Tax Day) of any year will be assessed for tha	t year.
Documentation showing proof of	closure date, such as a lease termination or sales a	greement, must be provided.
	REASON FOR BUSINESS CLOSURE	
☐ Closed/Moved Location – Busine	longer conducts any business activity ess no longer in Prince William County me: Telepho	one No:
	Business Location:	
☐ Other (please specify)		
	BUSINESS CLOSURE CERTIFICATION	V
	hereby certify that the business at the location listed at I am authorized to complete this application. The is and belief.	
Forwarding Information: New Mai	ling Address:	
Email Address:	Telephone Number:	
Printed Name	Signature	Date
Closing or moving a business may	not exclude the tax liability of the company from	business taxes for the current tax year.
Account(s) will not be closed until weeks for processing.	l all tax filings have been received and processed b	by this office. Please allow 2 – 4
	FOR OFFICE USE ONLY	
Date Received:	Additional Investigation Required? ☐ YES	□NO
O In Person Mail Email	If yes, explain:	
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