



ACCOUNT CLOSING FORM

Mail to: South Carolina Department of Revenue, Registration Section, Columbia, SC 29214-0140.

Complete this form if the business is sold, closed permanently or no longer has employees and mail it to the address above. See back for instructions and spaces for additional closed accounts.

IMPORTANT!!!

ALL INFORMATION, INCLUDING APPROPRIATE DATES, *MUST* BE RECEIVED TO PROPERLY CLOSE YOUR ACCOUNT. ONLY PROVIDE THE NINE DIGIT ACCOUNT NUMBER(S) ISSUED TO YOU BY THE DEPARTMENT OF REVENUE IN THE SPACES BELOW.

Check applicable boxes and fill in the account number and date. **ONLY BOXES MARKED WILL BE CLOSED.**

- Sales (attach retail license) File/Account # _____ Permanent Closing Date _____
- Withholding File/Account # _____ Date of Final Pay Check _____
- Admission File/Account # _____ Permanent Closing Date _____
- Property File/Account # _____ Permanent Closing Date _____
- Use Tax File/Account # _____ Permanent Closing Date _____
- Other File/Account # _____ Permanent Closing Date _____

1. SSN OR FEI NUMBER:		2. SID (For Office Use Only):	
3. OWNER, PARTNERS OR CORPORATE NAME:		4. CURRENT TELEPHONE NUMBER: ()	
5. NAME OF BUSINESS (DOING BUSINESS AS):			
6. PRESENT PHYSICAL LOCATION OF BUSINESS TO BE CLOSED/STREET ADDRESS:			
7. CITY	COUNTY	STATE	ZIP
8. PROVIDE A FORWARDING MAILING ADDRESS FOR THE BUSINESS TO BE CLOSED:			
9. CITY		STATE	ZIP
If business has been sold, complete section below:			
10. PURCHASER'S NAME:		11. TELEPHONE NUMBER: ()	
12. PURCHASER'S OR NEW OWNER'S STREET ADDRESS:			
13. CITY	COUNTY	STATE	ZIP

If you have any questions concerning the closing of your business or completion of this form, please call this office at 803-896-1350.

Must be the signature of owner, partner or corporate officer.

TAXPAYER'S SIGNATURE	OWNER, PARTNER OR TITLE	DATE
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