



**City of Alexandria, Virginia**  
**Cessation of Business Form**  
 City Hall – Room 1700  
 P.O. Box 178, Alexandria, VA 22313  
 703.746.3903  
 Alexandria.gov/BusinessTax

**Owner's Name:** \_\_\_\_\_

**Owner's Address:** \_\_\_\_\_  
 (Street) (Suite or Apt #)  
 \_\_\_\_\_  
 (City) (State) (Zip Code)

**Ownership Type:**  
 (Check Appropriate Box)  
 Sole Proprietorship  Corporation  Limited Liability Company  S Corp  Partnership

**Business Trade Name:** \_\_\_\_\_

**Federal Identification Number:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Business Location:** \_\_\_\_\_  
 (Street) (Suite or Apt#)  
 \_\_\_\_\_  
 (City) (State) (Zip Code)

**Current Mailing Address:** \_\_\_\_\_  
 (Street) (Suite or Apt#)  
 \_\_\_\_\_  
 (City) (State) (Zip Code)

**Business Telephone #** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Fax #** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Business Email Address:** \_\_\_\_\_

**Date Business Ceased in Alexandria:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Business Tax Account Number(s):** \_\_\_\_\_

**Prior Year Actual Gross Receipts:** \_\_\_\_\_

**Reason:**  
 Moved Out  Inactive  Sold  Terminated  
 Other: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (An original signature of owner or authorized corporate representative is required.)