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BUSINESS ACCOUNT STATUS CHANGE

- 14	COUNTY OF KING AND QUEEN, VIRGINIA
Ser.	Office of the Commissioner of the Reven
	P.O. Box 178
35 10 10 10 10 10 10 10 10 10 10 10 10 10	King and Queen Ch., VA 23085
PRO DNO STEPPERS	Tel: (804) 785-5976 Fax: (804) 785-588
Kelly Lumpkin, MCR	Email: klumpkin@kingandqueenco.
Commissioner	

Account Number				FEIN				SSN (Sole Proprietors)					
Legal Business Name					Mailing Address								
Legal Busilless Name						Wiaiii	ilg Addiess						
	Trade Name/	DBA				Phys	sical Address	(same as ma	illing)				
					(
	Contact		Т	elephor	ne 1	Telep	ohone 2		Email Address				
			Total Pilotta										
	Business Closure Date: Note: Businesses closed on January 1 (Tax Day) of any year, will be assessed for that year.												
Reason for Business Status Change													
	Ceased all business activity-no	longer in busi	iness.			- Juliugo							
	Moved out of King & Queen Cou	of King & Queen County New Address					1						
	Sold Business	Now (Owner:	Name				Telephone Other					
	No Longer Conducting Business		OWINGI.					- Curio.					
	K&Q		Year Please notify this office if your status changes.										
	Other (please explain												
	-												
					Status	of Business Assets							
	Disposed of Property		rted to Per			Sold			Moved with Business Relocation nd purchase date. Do you give permission to share your most				
		°if your busines recent asset li				to report assets based on t	the original cost a	and purchase date. Do	you give permission to s	hare your most			
	The new owner	has nermissio	n to my mo	ist recen	t asset list	as to report the original of	costs and acquis	sition dates of assets	conveyed in the sale of	my husiness			
	Initial	nao pormiooio	in to my mo	01 100011	t dooot not	ao to roport the original t	ooto ana aoqui	sition dutes of deserts	onive you in the date of	my buomicoo.			
			If v	our con	tact inform	ation has changed, pleas	se complete.						
		Address	,	our con	taot IIIIoiii	dioir nas changea, pieac	City		State	Zip code			
Telephone 1					Telephone 2				Email				
Declaration: By signing below, I certify that the business at the location listed above is no longer in business. The information listed above is true, full and correct to the best of my knowledge and belief.													
Printed Name Titl			tle		Signature			Date					
For Office Use Only													
Date Received Addition				ditional	al Investigation Required? Yes				No				
Note			1		- 3	1 **	<u> </u>		1 1 -				
	account deactivated					Staff the proc	essed						
		ı											