



Indiana Department of Revenue
Indiana Business Tax Closure Request

TID Number: _____ Location Number: _____

FID Number: _____

Owner Name		Corporation Name	
Address			
City	State	ZIP	

I certify that I have been out of business or I am no longer required to be registered for the indicated tax type.

I understand that I (or another responsible officer if applicable) am required to file and remit a tax return for the tax account(s) and tax period(s) up to and including the closed date.

Sales _____ Date _____ Withholding _____ Date _____ FAB _____ Date _____

Other _____ Date _____

I further certify no tax of the above listed nature has been collected since the above date.

I may also be responsible for all liabilities or unfiled returns proven to be due and owed at a later date.

A responsible officer listed in our system or on the account must sign the BC-100 to close any business tax types.

Signature: _____ Date: _____

Printed Name: _____ Title: _____ Daytime Telephone Number: _____

This is a change of legal mailing address for the above listed closed tax account.
Please forward any final correspondence regarding this account to the following address:

Address: _____

City, State, and ZIP Code: _____

Questions regarding the completion of this form may be directed to the Indiana Department of Revenue at 317-232-2240.

Mail the completed form:
Indiana Department of Revenue
Tax Administration Processing
P.O. Box 6197
Indianapolis, IN 46206-6197

Fax the completed form:
317-232-1021

Complete the form online:
intime.dor.in.gov