



BC-100
 State Form 52038
 (R13 / 6-21)

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.

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