



Name _____

Address _____

Account #: _____

City _____ State _____ Zip _____

BUS-FIN
 REV 05/19

DECLARATION OF FINAL BUSINESS ACTIVITY



FEIN (SSN For Sole Proprietor)	BUSINESS REGISTRATION ACCOUNT #	LAST DATE OF ACTIVE BUSINESS IN WV MM/DD/YYYY	
-----------------------------------	------------------------------------	---	--

SECTION A: DESCRIPTION OF CEASED ACTIVITY

REASON FOR CLOSING ACCOUNT. Select one below

- 1. YOUR BUSINESS ACTIVITY WAS ONLY IN WV FOR A LIMITED TIME OR SINGLE EVENT. YOU WANT TO CLOSE ALL TAX ACCOUNTS FOR YOUR BUSINESS.
- 2. YOU CONSIDERED CONDUCTING BUSINESS ACTIVITY IN WV BUT NEVER ACTUALLY STARTED. YOU WANT TO CLOSE ALL TAX ACCOUNTS FOR YOUR BUSINESS.
- 3. OTHER. DESCRIBE: _____

SECTION B: DESCRIPTION OF BUYER

IF YOU HAVE SOLD THE BUSINESS PLEASE PROVIDE THE FOLLOWING INFORMATION:

ID NUMBER OF BUYER	NAME OF BUYER	
ADDRESS OF BUYER		
CITY	STATE	ZIP
EMAIL		

SECTION C: SIGNATURE

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT.

SIGNATURE OF APPLICANT	DATE	
PRINT NAME	TITLE	SSN
EMAIL		