



**CLOSE BUSINESS TAX ACCOUNT**

As owner of the business listed below, I am requesting that the business tax account be closed for one of the following reasons.

Name of business \_\_\_\_\_ Account # \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Owner

President of corporation or partnership

**Check all that apply**

Out of business –Business closed as of: \_\_\_\_\_

Sold business. New owner is \_\_\_\_\_

Owner deceased.

**Other** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You may fax the completed form to (912) 651-6449 or mail it to the address listed below.

City of Savannah Revenue Department  
ATTN: Business Tax Unit  
P.O. Box 1228  
Savannah GA 31402

**Important note:** The person signing this form must be the owner of the business or an authorized individual listed on the original application. For partnership and corporations, it must be signed by the President or CEO of the organization who also must be listed on the application on file.