

Indiana Department of Revenue Indiana Business Tax Closure Request

	e Form 52038 (R7 / 7-12)	TID Number: _			Locatio	n(s) Number:		
1816		FID Number: _						
	Tax Ty	ype:	Sales	holding	☐ FAB	Other:		
wner Name:						Social Secu	rity Number:	
Corporation Name	e:							
Address:								
Dity:		State:				Zip:		
certify that I have	been out of bu	usiness or no longe	r required to be	registered	for the ind	licated tax typ	e:	
	been out of bu	usiness or no longe	r required to be	registered 	for the ind	licated tax typ	e:	Date
rpe urther certify no t	Date tax of the abov		been collected	Date since the a	bove date	Туре		Date
rpe urther certify no t	Date tax of the abov	Type ve listed nature has	been collected	Date since the a	bove date	Type t a later date.		Date

The Department will neither accept, nor process a BC-100 without proper documentation, attached to this form, proving the business is closed.* Examples of documents the Department will consider acceptable include the following:

- · Minutes of the final board of directors meeting
- · Records of bank accounts closed
- · Articles of dissolution
- Notarized statement of dissolution from an officer or owner of the business
- · Final utility bills
- · Any proof of dissolution filed with the Internal Revenue Service
- Books and records or any other pertinent information

Note: This agency is requesting this disclosure of your social security number in accordance with IC 4-1-8-1.

Questions regarding the completion of this form may be directed to the Indiana Department of Revenue at (317) 233-4015.

Mail the completed form with documentation to:

Fax the completed form with documentation to:

Indiana Department of Revenue Tax Administration Processing P.O. Box 6197 Indianapolis, IN 46206-6197 (317) 615-2690

*The Department of Revenue prefers the above requested documents be submitted. However, if none of the requested documents are available, the Department will accept this form signed by an officer or owner with a notary seal.