

# Out-of-Business Notification

North Carolina Department of Revenue

(Do not send this form with your return.)

## Account Information

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SSN or FEIN

Account ID

Legal Name

Address

City

State

Zip Code

1. If permanently closed, enter the date closed.

2. If a seasonal business has temporarily closed, fill in circle(s) for months business is open:

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<input type="radio"/>											

You must file returns for the months the business is open.

3. Fill in each circle for accounts that are seasonal or closed:

- All Business Accounts
- Franchise and Corporate Income
- Partnership
- Sales and Use
- Withholding
  
- Other

**Mail to:** North Carolina Department of Revenue  
Documents and Payments Processing Division  
P.O. Box 25000  
Raleigh, North Carolina 27640-0001