



CCA - MUNICIPAL INCOME TAX

# Request to Close Business Tax Account

SEND TO: Central Collection Agency  
205 W Saint Clair Ave  
Cleveland OH 44113  
FAX 216.420.8299  
corporatetax@ccatax.ci.cleveland.oh.us

<b>NAME, ADDRESS, FEIN</b>	<b>TAX TYPE</b>
FEIN: _____	<input type="checkbox"/> WITHHOLDING <input type="checkbox"/> NET PROFIT <input type="checkbox"/> BOTH WITHHOLDING AND NET PROFIT
BUSINESS NAME _____	
ADDRESS _____	
CITY _____ STATE _____ ZIP _____	
PHONE _____	<b>EFFECTIVE DATE</b> _____ / _____ / _____

## WITHHOLDING -

- ☐ No longer conduct business in a CCA community  
If moved, new address \_\_\_\_\_  
\_\_\_\_\_
- ☐ No longer withholding residence tax for CCA community
- ☐ No employees but still conduct business in a CCA community
- ☐ Lease employees from \_\_\_\_\_ FEIN \_\_\_\_\_
- ☐ Merged - New FEIN \_\_\_\_\_
- ☐ Liquidated
- ☐ Other \_\_\_\_\_

## NET PROFIT -

- ☐ Business terminated, liquidated, dissolved
- ☐ Business no longer required to file with CCA, moved, job completed  
If moved, new address \_\_\_\_\_  
\_\_\_\_\_
- ☐ Business sold, merged, reporting under different FEIN
- COMPLETE THE FOLLOWING REGARDING THE BUSINESS PURCHASER OR NEW ENTITY
- FEIN \_\_\_\_\_
- NAME \_\_\_\_\_
- ADDRESS \_\_\_\_\_  
\_\_\_\_\_

## AUTHORIZED SIGNATURE

\_\_\_\_\_  
Officer, Partner, Owner

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date