



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

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

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