Central Collection Agency - Municipal Income Tax

Request to Close Business Tax Account

SEND TO: CCA -Municipal Income Tax
205 W St Clair Ave
Cleveland, OH 44113
FAX (216) 420-8299
corporatetax@clevelandohio.gov

NAME, ADDRESS, FEIN

FEIN: _____

BUSINESS NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

TAX TYPE

- ☐ WITHHOLDING
- ☐ NET PROFIT
- ☐ BOTH WITHHOLDING AND NET PROFIT

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