



### Request to Close Business Tax Accounts

**Request must be mailed or faxed to:**

Louisiana Department of Revenue  
 Revenue Processing Center  
 P.O. Box 201  
 Baton Rouge, LA 70821  
 (225) 219-7462 (telephone) (225) 219-0806 (fax)

**Note:** A separate form is not necessary if the change applies to all taxes.

Legal Name			
Trade Name			
Address	City	State	ZIP

**I hereby authorize the following account(s) be closed:**

<input type="checkbox"/> Sales	Account Number	Close Date (mm/dd/yyyy)
<input type="checkbox"/> Withholding	Account Number	Close Date (mm/dd/yyyy)
<input type="checkbox"/> Severance	Account Number	Close Date (mm/dd/yyyy)
<input type="checkbox"/> Other *(Specify) _____	Account Number	Close Date (mm/dd/yyyy)

\* Tax accounts other than the types listed above may require additional documentation for closure. Please contact the Louisiana Department of Revenue for more information regarding documentation requirements.

### Authorization

Contact Person	Daytime Telephone Number
Signature X	Date (mm/dd/yyyy)