

SALE OR CLOSURE OF BUSINESSUse this form to close tax accounts (ATAP users can close tax accounts online at atap.arkansas.gov)**Section 1 - Taxpayer and Account Information**

Legal Name: _____ DBA Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Fax #: _____

REASON for Closing Tax Account (Check all that apply)

Tax Account Type	Account ID	SOLD	CLOSED (Discontinued operations)	CEASED TAX COLLECTION	OWNERSHIP CHANGE	EFFECTIVE DATE (MM/DD/YYYY)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Add Row

Remove Row

Section 2 - Sales Tax Account Closure Information and Terms of Sale1. Did you make any purchases for your own use with this permit? Yes NoIf yes, did you pay the tax to this Department (DFA) ? Yes No2. Are you still operating a business? Yes No

If yes, furnish the account/permit identification and location:

3. If the business was sold, complete the following information:

Name and address of purchaser: _____

Selling price of fixtures and inventory: \$ _____ Total sales price: \$ _____

Section 3 - Items to send / return with this form

- Arkansas tax permits
- AR-3MAR Withholding; W2s
- Copy of Bill of Sale
- Final tax returns with payments

Section 4 - Signature

Under penalties of perjury, I declare that I have examined the information above and to the best of my knowledge and belief, they are true and correct.

Signature of Owner / Officer_____
Date

Print Form

Mail to: Combined Registration
PO Box 8123
Little Rock, AR 72203-8123