



**BC-100**  
 State Form 52038  
 (R13 / 6-21)

Indiana Department of Revenue  
**Indiana Business Tax Closure Request**

TID Number: \_\_\_\_\_ Location Number: \_\_\_\_\_  
 FID Number: \_\_\_\_\_

Owner Name		Corporation Name	
Address			
City	State	ZIP	

I certify that I have been out of business or I am no longer required to be registered for the indicated tax type.

I understand that I (or another responsible officer if applicable) am required to file and remit a tax return for the tax account(s) and tax period(s) up to and including the closed date.

Sales \_\_\_\_\_ Date \_\_\_\_\_  
 Withholding \_\_\_\_\_ Date \_\_\_\_\_  
 FAB \_\_\_\_\_ Date \_\_\_\_\_  
 Other \_\_\_\_\_ Date \_\_\_\_\_

I further certify no tax of the above listed nature has been collected since the above date.

I may also be responsible for all liabilities or unfiled returns proven to be due and owed at a later date.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

This is a change of legal mailing address for the above listed closed tax account. Please forward any final correspondence regarding this account to the following address:

Address \_\_\_\_\_

City, State and ZIP Code \_\_\_\_\_

Questions regarding the completion of this form may be directed to the Indiana Department of Revenue at (317) 232-2240.

**Mail the completed form:**  
 Indiana Department of Revenue  
 Tax Administration Processing  
 P.O. Box 6197  
 Indianapolis, IN 46206-6197

**Fax the completed form:**  
 (317) 232-1021

**Complete the form online:**  
[INTIME.dor.in.gov](http://INTIME.dor.in.gov)