

This return is DUE on the 1st day of the month following the period covered by this return and becomes DELINQUENT if not received by this office prior to the 21st day.

By signing this return, the preparer is declaring under the penalties for filing false reports that this return, including any accompanying schedules and statements, has been examined by them and to the best of their knowledge is a true, correct, and complete return.

Please complete any applicable information below:

State Tax ID Number _____

Date Out of Business _____

Date Business Sold _____

Name of New Owner _____

New Mailing Address _____
