



**BC-100**  
State Form 52038  
(R12 / 12-20)

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

**Email the completed form:**  
businessstaxassistance@dor.in.gov

**Complete the form online:**  
INTIME.dor.in.gov