



# CALCASIEU PARISH SCHOOL BOARD

Sales and Use Tax Department

P.O. Drawer 2050; 2439 6<sup>th</sup> Street Lake Charles, LA 70602-2050

## REQUEST TO CLOSE BUSINESS TAX ACCOUNTS

Legal Name				
Trade Name				
Owner's Name		Contact Phone No.	Email Address	
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"/> Hotel/Motel Occupancy	Account Number	Close Date (mm/dd/yyyy)

Check if returns have been filed through closure date.

**Reason for business closure:**

Sold the business

New Owner Name \_\_\_\_\_ Phone No. \_\_\_\_\_

New Business Name \_\_\_\_\_

New Business Address \_\_\_\_\_

Business closed and no longer conducting business in the parish

Other – Explain: \_\_\_\_\_

\_\_\_\_\_

Authorization	
Owner Name	Daytime Telephone Number
Signature	Date (mm/dd/yyyy)

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

Calcasieu Parish Sales/Use Tax Department / P.O. Drawer 2050, Lake Charles, LA 70602-2050 / 337-217-4280 phone 337-217-4281 fax F031 (2/2018)