

Mail Termination To
749 Main Street
Louisville, CO 80027



Email: salestax@louisvilleco.gov
Phone (303) 335-4515
Fax (303)335-4527

20_____ ACCOUNT CLOSURE REQUEST

Trade (DBA) Name of Business	
Taxpayer Name	
Owner(s), Partner(s), or Corporation	
Business Location Address	
Mailing Address	
Local Business Phone	
Licensing Office Phone	
Tax Office Phone	
Owner Name, Phone & Address	

Federal Tax ID	
Colorado State Sales Tax #	
Account#/City ID#	
Termination Date	
Reason	
Outstanding Balance	

***All outstanding tax liabilities must be paid in full before your account can be closed.
Any remaining credits on your account will be applied to your outstanding balance.
After your account is closed, you will no longer be authorized to collect sales tax.

I declare under penalty of perjury that the statements made in this form are true and complete to the best of my knowledge.

Applicant or Authorized Signature	_____	Date	_____
Applicant Name (PRINT)	_____		
Applicant Title	_____		