



**The City of Pittsburgh
Department of Finance**



Discontinuation of Business Activity Form

PRINT OR TYPE ALL INFORMATION **DO NOT USE RED INK**

CITY ID NUMBER: _____-_____-_____

NET PROFIT / WT-4 Account Number: (if applicable) _____-_____

FEDERAL EIN: _____-_____ or S.S. # _____-_____-_____

Legal Name (Last, First, M)

Trade name (if any)

Address	City	State	Zip
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Type of Business Entity: Sole Proprietorship Partnership Corporation S-Corporation
 Other _____

A. BUSINESS ACTIVITY INFORMATION: (fill in oval)

(1) Has the business entity discontinued **all** operations? YES NO

If **YES**, date of discontinuation: _____

(2) Have **all** locations closed? YES NO

If **NO**, what locations are open? (Provide business addresses)

(3) Has the business entity been sold? YES NO

If **YES**, name(s) of new owner(s): _____

(4) Has the business entity moved from Pittsburgh? YES NO

If **YES**, address of new location: _____

Note: If a business is no longer located in the City of Pittsburgh limits, but performs any type of service, contractual or otherwise within the City limits, that business may still be liable for City/School District taxes. Contact the City of Pittsburgh Taxpayer Services Center for further information 412-255-2508.

BUSINESS ACTIVITY INFORMATION CONTINUED

Date business moved: _____

(5) If the business is still in operation, do you employ Pittsburgh residents? (If completely discontinued, skip to part B). YES NO
Final quarter in which Pittsburgh resident tax was withheld-_____

(6) Are you a City resident? YES NO

(7) Will any business activity be conducted in Pittsburgh? YES NO

If YES, please describe: _____

B. ADDITIONAL INFORMATION:

Do you own the building where the business or rental was located? YES NO

If YES, will you be renting the building to others now or in the future? YES NO

NOTE: Rental property within the City of Pittsburgh limits is considered a taxable business. If you have any ACTIVE rental property or properties within City limits, you MUST retain your city account number and report your collected rental revenue.

C. AFFIRMATION:

I, _____, _____
(Owner name / Officer (if corporation) please print) (Business name)

do hereby affirm that this document has been examined by me and to the best of my knowledge and belief, is true, correct and complete.

SIGNATURE _____, _____, _____
(Signature) (Date) (Telephone No.)

Resident Address: _____, _____, _____, _____
(Street) (City) (State) (ZIP)

Mail completed form to:
**CITY OF PITTSBURGH
DEPARTMENT OF FINANCE
414 GRANT ST RM 209
PITTSBURGH PA 15219**

For questions regarding this form, please dial **412-255-2962 x4.**