



**CITY OF CHICAGO
DEPARTMENT OF FINANCE
AFFIDAVIT FOR FINAL TAXABLE PERIOD**

I, _____, as authorized representative, holding the title of
(Business Representative)

_____ hereby attest that _____
(Title) (Business Name)

located at _____ and having
(Street Address) (City) (State) (Zip code)

Chicago Department of Finance tax account number _____ - _____ is no longer
(IRIS No.) (Site No.)

required to remit the City of Chicago _____ I hereby request that
(Tax Type)

the tax type stated above be deactivated as of _____ * for the following reason(s):
(Date Last Subject to Tax)

**NOTE: YOU MUST SPECIFY WHY YOUR BUSINESS ACTIVITY IS NO LONGER
REQUIRED TO COLLECT AND/OR REMIT THE TAX CODE LISTED ABOVE.**

*The entity filing this affidavit is still required to file a tax return for this tax code to report the taxable activity and/or taxes paid (even erroneously) for the final tax period. If your business is still in operation, file the return on or before the August 15 following the date last subject to tax. If your business is closed, file a return for this tax code on or before 45 days after your business ceased operations. Please complete a Business Change Form if you are closing or selling your business. If you are selling your business, please file a Bulk Sales Notice.

I further attest that I have the knowledge and authority to make the above statements. Should the facts above change at any time, we will request to reactivate this account immediately.

I hereby certify, under penalty of perjury, that the information contained in this affidavit is true and correct.

Signature

Date

Print Full Name

Phone Number

Email Address

NOTARY PUBLIC
Subscribed and sworn before me this _____ day
of _____, _____

(SEAL)

Notary Public

My Commission Expires

**If you have any questions regarding this affidavit, please call Customer Service at (312)747-4747.
If your business has ceased operations or is being sold, please complete a Business Change Form.
If your business is being sold please also complete a Bulk Sales Notice.**

Email completed document to
RevenueDatabase@cityofchicago.org
Or mail Return To:
Chicago Department of Finance/Database Management Unit
2 N. La Salle Street, Suite 1310
Chicago, IL 60602

Authorized Use Only
Date Received: _____
Processed by: _____
Date Processed: _____