



To Whom It May Concern:

The business known as _____,
Name of Business

account # _____, closed as of _____.
Jeff. Parish Tax Number MM/DD/YYYY

I declare that, to the best of my knowledge and belief, all local sales/use/license tax returns have been filed and paid in accordance with local ordinances and state statutes. I understand that any exemption certificate or letter issued in conjunction with the above business is no longer valid and that any such exemption certificate or letter is to be returned to the Bureau of Revenue and Taxation. I further understand that the holder shall be personally responsible for any and all taxes arising from the use of such exemption certificate or letter following the date of closure listed above.

Printed Name of Taxpayer

Witness Date

Signature of Taxpayer Date