

**NOTICE OF BUSINESS CLOSURE**

**TO:** FSM SOCIAL SECURITY ADMINISTRATION

**FROM:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS IS TO NOTIFY YOU THAT THE BUSINESS UNDER THE NAME**

\_\_\_\_\_

**WITH EMPLOYER ID NUMBER \_\_\_\_\_ HAS BEEN CLOSED EFFECTIVE**

\_\_\_\_\_.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT THIS INFORMATION IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.**

\_\_\_\_\_  
**PRINT NAME, OWNER**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

[Note: This form must be signed only by the owner of the business, if sole proprietorship, or officers of the corporation, if business is a corporation.]