



14202399990101

Account Cancellation Form

Account name			Federal employer identification/social security number
Address			Sales tax permit number, if applicable
Address 2			Employer tax number, if applicable
City, town or post office	State	ZIP code	E-mail address

Record to be canceled (check all that apply):

Effective Date of Cancellation:

Cigarettes/Tobacco/Other Tobacco	Meals and Beverage
Employee Leasing Organization	Prepaid Wireless Telecommunications
Hard-to-Dispose	Sales and Use Tax
Hotel	Withholding Tax
Litter Tax	Other

If business was sold, provide	e the purchaser's name a	nd addre	ss, and the date th	e business was sold:
Purchaser name:				
Purchaser address:				
Date business sold:				
Please note that the filing of thi requirement of filing all tax retu cluding interest and penalt	rns up to the effective date	of this car	ncellation notice and	paying all liabilities in-
	to: RI Division of Taxatio fax to the Registration Se	-	•	nce, RI 02908
Under penalties of perjury, I declare that Declaration of preparer	I have examined this form, and to (other than taxpayer) is based on		, ,	
Authorized officer signature	Print name		Date	Telephone number
Paid preparer signature	Print name		Date	Telephone number
Paid preparer address	City, town or post office	State	ZIP Code	PTIN
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