

Form RI-2625

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: _____

- | | |
|---|--|
| <input type="checkbox"/> Cigarettes/Tobacco/Other Tobacco | <input type="checkbox"/> Meals and Beverage |
| <input type="checkbox"/> Employee Leasing Organization | <input type="checkbox"/> Prepaid Wireless Telecommunications |
| <input type="checkbox"/> Hard-to-Dispose | <input type="checkbox"/> Sales and Use Tax |
| <input type="checkbox"/> Hotel | <input type="checkbox"/> Withholding Tax |
| <input type="checkbox"/> Litter Tax | <input type="checkbox"/> Other _____ |

If business was sold, provide the purchaser's name and address, and the date the business was sold:

Purchaser name: _____

Purchaser address: _____

Date business sold: _____

Please note that the filing of this form is subject to review by the Division of Taxation and does not eliminate the requirement of filing all tax returns up to the effective date of this cancellation notice and paying all liabilities including interest and penalty. Additional requirements may apply in order to cancel some account types.

**Mail completed form to: RI Division of Taxation, One Capitol Hill, Providence, RI 02908
or fax to the Registration Section at (401) 574-8913**

Under penalties of perjury, I declare that I have examined this form, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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

May the Division of Taxation contact your preparer? YES