

STATE OF RHODE ISLAND
DEPARTMENT OF LABOR AND TRAINING - EMPLOYER TAX UNIT

1511 PONTIAC AVENUE, CRANSTON, RI 02920 - 0942
Telephone - 1- 401-574-8700 Option (1) Fax : 1-401-574-8940

https://dlt.ri.gov/employers/employer-tax-unit

EMPLOYER TERMINATION OF REGISTRATION REPORT

RI Reg No _____

Person having custody of Books and Records

1. EMPLOYER NAME
BUSINESS ADDRESS
CITY, STATE zip code

2 NAME
ADDRESS
CITY, STATE, ZIP CODE

3. (a) Reason for Termination of Registration:

- Sale, Liquidation, Reorganization, Other (Explain)
Lease, Death of Owner, Bankruptcy
Foreclosure, Receivership, Merger

- (b) What percentage of the business was transferred? (If Applicable)
(c) Date of Action in 3(a) above
(d) Date of Last Payroll
(e) Give the following information concerning Owners, Partners, Corporate Officers, etc.:

Table with 4 columns: NAME, HOME ADDRESS & ZIP CODE, TITLE, TEL. NO.

- 4. (a) Name of new business (If any):
(b) Name, address and ZIP code of New Owners, (If any):
Tel. No.

- 5. (a) Are you continuing any other business in Rhode Island ? YES NO
If Yes,
(b) Name, address and zip code of Continuing Business:

DATE SIGNATURE TITLE

THIS FORM MUST BE SIGNED