

Department of Revenue -

For Office Use Only:

92-034 (06/26/2025)

Iowa Business Tax Cancellation

Request for Cancellation of Tax Permit

revenue.iowa.gov Did you know? You can log into GovConnectIowa to cancel your business account or tax type online. Don't have a GovConnectIowa account? Find the link and additional information at revenue.iowa.gov. Otherwise, complete this form and either mail or fax it to the Iowa Department of Revenue. Incomplete or outdated forms will not be accepted. If any information is illegible, the form will be returned.

For cancellations regarding cigarette, tobacco, alternative nicotine, vapor, or device permits, email idrcigarette@iowa.gov.

| Security Number (SSN) or Individual Taxpayer | | mber LLCs (Individual-owned) require a Social umber (ITIN). All other entities require a Federal |
|--|------------------------------|---|
| Employer Identification Number (FEIN). | | |
| Legal name: | | |
| Doing business as: | | |
| Social Security Number (SSN) or Individual Tax | cpayer Identifica | tion Number (ITIN): |
| Federal Employer Identification Number (FEIN) | : | |
| Headquarters or Primary Address: | | |
| City: | State: | ZIP: |
| 2. Account or tax type(s): Check all that apply | | |
| ☐ Sales and Use Tax account ID (permit numb | er): | |
| ☐ Check this box to cancel the following withou | | |
| ☐ Automobile Rental ☐ Hote | • | |
| ☐ Water Service Excise Tax account ID (permi | | |
| ☐ Income Tax Withholding account ID (permit r | | |
| ☐ Fuel Tax account ID or license number: | • | |
| | | |
| 3. Effective date and reason for cancellation | | e final due date is the end of the month following |
| the cancellation date.) | allation date. (Th | le final due date is the end of the month following |
| 4. Forwarding address: The forwarding address | ss will be effective | ve for all accounts or tax types listed above. If a |
| different forwarding address is needed for speci | ific accounts or | tax type IDs, check all that apply. |
| ☐ Sales and Use Tax ☐ Water Service | Excise Tax | ☐ Income Tax Withholding ☐ Fuel Tax |
| Address: | | 3 |
| City: | State: | ZIP: |
| 5. Signature: | | |
| I, the undersigned, declare under penalties of p the best of my knowledge and belief, it is true, behalf of the taxpayer, and will only act within m | correct, and cony authority. | ertificate, that I have examined this form, and, to implete. I declare that I am authorized to act on |
| | al signature with | a digital certificate. Stamped or typed signatures |
| are not accepted. Signature: | | Date: |
| | | |
| Print name: | Phone: | |
| Contact name: | Contact t | ment. The integrity and security of sending |
| personal information via fax cannot be guarante | ed By submittir | ng this form via fax you agree to hold the |
| Department harmless if a fax results in third par | | |
| Submit this form by: | ., | |
| Fax: 515-281-3906 OR | Quest | ions or assistance and more information: |
| Mail to: ATTN Registration Services | | epartment website (revenue.iowa.gov) |
| Iowa Department of Revenue | | nail the Department (idr@iowa.gov) |
| PO Box 10470 | | all Taxpayer Services at 515-281-3114 |
| Des Moines, IA 50306-0470 | or | 800-367-3388 |