



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 Department. If any information is incomplete or illegible, the form will be returned.

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

Ownership information: Sole proprietorships or single member LLCs require a social security number or individual taxpayer identification number. All other entities require a federal employer identification number.

Legal name: \_\_\_\_\_

Doing business as: \_\_\_\_\_

Social Security Number or Individual Taxpayer Identification Number: \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

Headquarters or Primary Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Account or tax type(s): Check all that apply and provide the account or tax type ID number(s).

Sales and Use Tax account or tax type ID number: \_\_\_\_\_

Check this box to cancel the following without deactivating your Sales and Use account:

Automobile Rental

Hotel and Motel

Household Hazardous Materials

Water Service Excise Tax account or tax type ID number: \_\_\_\_\_

Income Tax Withholding account or tax type ID number: \_\_\_\_\_

Fuel Tax account or tax type ID number or license number: \_\_\_\_\_

Effective date and reason for cancellation: \_\_\_\_\_

All returns must be filed up to the effective cancellation date. (The final due date is the end of the month following the cancellation date.)

Forwarding address: The forwarding address will be effective for all accounts or tax types listed above. If a different forwarding address is needed for specific accounts or tax type IDs, check all that apply.

Sales and Use Tax

Water Service Excise Tax

Income Tax Withholding

Fuel Tax

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Signature:

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this form, and, to the best of my knowledge and belief, it is true, correct, and complete. I declare that I am authorized to act on behalf of the taxpayer, and will only act within my authority.

Signature must be signed by hand or via a digital signature with a digital certificate. Stamped or typed signatures are not accepted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact name: \_\_\_\_\_ Contact email: \_\_\_\_\_

The integrity and security of sending personal information via fax or email cannot be guaranteed.

By submitting this form via fax or email, you agree to hold the Department harmless if a fax or an email results in third party access to the information.

Submit this form by:

Fax: 515-281-3906 OR

Mail to: ATTN Registration Services  
Iowa Department of Revenue  
PO Box 10470  
Des Moines IA 50306-0470

Questions or assistance and more information:

- Department website (revenue.iowa.gov)
- Email the Department (idr@iowa.gov)
- Call Taxpayer Services at 515-281-3114 or 800-367-3388

For Office Use Only:



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