

REQUEST TO CLOSE BUSINESS NUMBER (BN) ACCOUNTS

Use this form if you want to close one or more of your Business Number (BN) accounts. If you have other BN accounts you wish to close, or if you have questions such as where to send this form, call us at 1-800-959-5525.

Part A – Client identification				
Legal name	egal name Busine			
Trading name (if different from legal name)				
Mailing address				
City	Province	Postal code		
Contact person	Title	Telephone number		
Part B — Cancelling your registration for goods and services tax/h	armonized sales tax (GST/HST)			
Tick the appropriate box to show which GST/HST account this applies to:	RT0002 or RT	(enter your account number)		
Please state why you no longer need to be registered for GST/HST.				
Cancellation date Note: If you are a small supplier, you must have been registered for GST/HST for at least 12 months before you can cancel your registration. Year Month Day				
Part C – Closing your payroll deductions account				
Tick the appropriate box to show which payroll deductions account you wish to close: RP000	n1 RP0002 or RP	(enter your account number)		
Please state why you no longer need your payroll deductions account. If it is for the same reason as you stated in Part B above, tick this box.				
Closing date Note: You have to remit any money deducted or withheld at source within 7 days. You have to send us the necessary T4 slips and T4 Summary within 30 days of the day your business ends.				

Part D - Closing your corporate income tax account			
Do not use this form for a corporation that has amalgamated or that $\boldsymbol{\mu}$	lans to amalgamate. If you nee	d information about amalgamat	ing and closing an account, call us.
Tick the appropriate box to show which corporate income tax account you wish to close: Please state why you no longer need your corporate income tax acc If it is for the same reason as you stated in Part B above, tick this be	count.	0002 or RC	(enter your account number)
Closing date Year Month Day Note: You have Send us a cope	re to file a corporate tax return u y of the articles of dissolution w	p to the date of dissolution. ith your request to close your co	prporate income tax account.
Part E – Certification			
I certify that the information given on this form and in any attached d complete, and that I am the client or that I am authorized to sign for	ocumentation is, to the best of r the client.	my knowledge, true, correct, and	1
Print your name			Signature
Title		Date Year	Month Day

The Privacy Act protects personal information given on this form, which is kept in personal information bank CRA ACB 285.