



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 | Business Number _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ | | |
| 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/harmonized sales tax (GST/HST) | |
|---|---|
| Tick the appropriate box to show which GST/HST account this applies to: RT0001 <input type="checkbox"/> RT0002 <input type="checkbox"/> or RT <input style="width: 50px; border: 1px solid black;" type="text"/> (enter your account number) | |
| Please state why you no longer need to be registered for GST/HST. _____ _____ | |
| Cancellation date <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> Year Month Day </div> | 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. |
| You have to send us any returns, remittances, or balances owing up to and including the cancellation date. | |
| Will you be transferring your business assets to another GST/HST registrant? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If Yes, you may be eligible to elect jointly with the purchaser to transfer the property with no tax payable. You and the purchaser must file Form GST44, <i>Election Concerning the Acquisition of a Business or Part of a Business</i> . | |
| If you hold property for consumption, use or supply in commercial activity when you cease to be a registrant, we consider that immediately before that time, you disposed of each property (other than capital property) at its fair market value, and that you collected GST/HST on that amount. You have to remit the GST/HST on your last GST/HST return. Specific rules apply to capital property. For more information, contact us. | |

| Part C – Closing your payroll deductions account | |
|---|--|
| Tick the appropriate box to show which payroll deductions account you wish to close: RP0001 <input type="checkbox"/> RP0002 <input type="checkbox"/> or RP <input style="width: 50px; border: 1px solid black;" type="text"/> (enter your account number) | |
| Please state why you no longer need your payroll deductions account. <input type="checkbox"/> If it is for the same reason as you stated in Part B above, tick this box. | |
| _____ _____ | |
| Closing date <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> Year Month Day </div> | 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 plans to amalgamate. If you need information about amalgamating and closing an account, call us. | |
| Tick the appropriate box to show which corporate income tax account you wish to close: RC0001 <input type="checkbox"/> RC0002 <input type="checkbox"/> or RC <input style="width: 50px; border: 1px solid black;" type="text"/> (enter your account number) | |
| Please state why you no longer need your corporate income tax account. <input type="checkbox"/> If it is for the same reason as you stated in Part B above, tick this box. | |
| _____ _____ | |
| Closing date <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> Year Month Day </div> | Note: You have to file a corporate tax return up to the date of dissolution. Send us a copy of the articles of dissolution with your request to close your corporate income tax account. |

| Part E – Certification | |
|--|---|
| I certify that the information given on this form and in any attached documentation is, to the best of my knowledge, true, correct, and complete, and that I am the client or that I am authorized to sign for the client. | |
| _____ Print your name | _____ Signature |
| _____ Title | Date <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> Year Month Day </div> |

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

