



# RDS Taxpayer Support Request to Close Account

Remit To:  
Email: [bizlicensesupport@revds.com](mailto:bizlicensesupport@revds.com)  
Toll Free Phone: 800-556-7274  
Fax: 844-528-6529

Please complete the following information:

Account Information	
RDS Account Number :	Municipality:
Business Name:	
Owner's Name:	
Doing Business As:	
Business Address:	
City:	State: Zip:
Ownership Type (Choose One):	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Corporation
	<input type="checkbox"/> LLC-Single Member <input type="checkbox"/> LLC-Multi Member <input type="checkbox"/> LLP <input type="checkbox"/> Governmental Agency
	<input type="checkbox"/> Professional Association <input type="checkbox"/> Other (please explain)
FEIN/SS#:	Business Phone:

Closing Information
Date of Closing:
Reason for closing:

New owners' contact info (If Business Has Been Sold) :		
Name:		
Address:		
City:	State:	Zip:

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

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

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