



# RDS Taxpayer Support Request to Close Account

Remit To:  
Email: [Support@revds.com](mailto:Support@revds.com)  
Toll Free Phone 800-556-7274  
Fax (205) 423-4099

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: \_\_\_\_\_