



GOVERNMENT OF BERMUDA

Ministry of Finance

Office of the Tax Commissioner
TAX DELETION/ INACTIVE FORM

Taxpayer ID#: -

Taxpayer Name: _____

Business Name: _____

Please check applicable box below:

Delete account (Accounts cannot be deleted or transferred where the Taxpayer has a debt).
The Office of the Tax Commissioner reserves the right to request proof of closure in accordance with section 13 of the Taxes Management Act 1976.

Date of final payment / remuneration: _____

Business is no longer in operation.
Reason business has closed: _____

Business has been sold to: _____ Tel #: _____
Address of new owner: _____

I am no longer Self Employed.
New Employer: _____ Employment Date: _____

Make account inactive (business is likely to re-open in the near future i.e. within 1 year).
Accounts will be automatically deleted after 1 year or (4 quarters) of inactivity. Failure to notify this Office that a previously inactive business has resumed operation is an offence subject to summary conviction under section 36 of the Taxes Management Act 1976.

Reason for Inactivity: _____

Dates of Inactivity: from _____ to _____

Print name: _____ Signature: _____

Mailing Address: _____ Phone: _____

_____ Email: _____

_____ Date: _____

For office use only

Is there a nil balance on the ledger? Yes No \$ _____

Have all returns been filled up to date of closure? Yes No

Have all returns been updated? Yes No

Was TP informed of outstanding amount? Yes No

What action was taken: _____

Form received by: _____ Date: _____