

**LEGAL NAME:** \_\_\_\_\_

**TRADE NAME:** \_\_\_\_\_

**ENTITY ID (EIN/SSN):** \_\_\_\_\_

**SECTION I. STATE/LOCAL SALES TAX LICENSE CANCELLATION INFORMATION**
**Sales Tax License is Non-Transferable**

SALES TAX ACCOUNT ID _____ _____	<input type="checkbox"/> BUSINESS DISCONTINUED	<input type="checkbox"/> NO TAXABLE SALES FOR:	REPORTING AND PAYING UNDER ANOTHER ACCOUNT ID NUMBER:	OTHER REASONS:
	<input type="checkbox"/> STATE/LOCAL TAX AFTER	DATE _____	STATE/LOCAL TAX	<input type="checkbox"/> STATE/LOCAL TAX _____
	<input type="checkbox"/> PHILADELPHIA LOCAL TAX AFTER	DATE _____	ACCOUNT ID _____	<input type="checkbox"/> PHILADELPHIA LOCAL TAX _____
	<input type="checkbox"/> ALLEGHENY COUNTY LOCAL TAX AFTER	DATE _____		<input type="checkbox"/> ALLEGHENY COUNTY LOCAL TAX _____

**SECTION II. EMPLOYER WITHHOLDING TAX CANCELLATION INFORMATION**

EMPLOYER WITHHOLDING TAX ACCOUNT ID _____ _____	REASON FOR CANCELLATION:		REPORTING AND PAYING UNDER ANOTHER ACCOUNT ID NUMBER:
	<input type="checkbox"/> BUSINESS CLOSED OR SOLD	DATE _____	EMPLOYER WITHHOLDING TAX
	<input type="checkbox"/> NO LONGER HAS EMPLOYEE(S) SUBJECT TO PA PERSONAL INCOME TAX	DATE _____	ACCOUNT ID _____
	<input type="checkbox"/> OTHER _____	DATE _____	

**SECTION III. PUBLIC TRANSPORTATION ASSISTANCE FUND TAXES AND FEES/VEHICLE RENTAL TAX INFORMATION**
**PTA License is Non-Transferable**

PTA TAX ACCOUNT ID _____ _____	BUSINESS DISCONTINUED	REPORTING AND PAYING UNDER ANOTHER ACCOUNT ID NUMBER:	VEHICLE RENTAL TAX INFORMATION:
	DATE _____	PTA TAX ACCOUNT ID _____	SALES TAX ACCOUNT ID _____
		VRT ACCOUNT ID _____	BUSINESS DISCONTINUED DATE _____

**SECTION IV. CIGARETTE DEALER'S LICENSE CANCELLATION INFORMATION**
**Cigarette Dealer's License is Non-Transferable**

CIGARETTE DEALER'S LICENSE NUMBER		NAME		SSN
MAIL TO: PA DEPARTMENT OF REVENUE PO BOX 280901 HARRISBURG, PA 17128-0901	DATE	DAYTIME TELEPHONE ( )	EXT.	SIGNATURE/TITLE
				E-MAIL ADDRESS

# INSTRUCTIONS FOR COMPLETING THE BUSINESS/ACCOUNT CANCELLATION FORM (REV-1706)

This form must be completed if the business was discontinued, sold or ceased operations in Pennsylvania. **e-TIDES users may make changes directly to their accounts at [www.etides.state.pa.us](http://www.etides.state.pa.us) by using the "Enterprise Maintenance" function.** This form should be used for state/local sales/use tax, employer withholding tax, Public Transportation Assistance Fund taxes and fees, vehicle rental tax and cigarette dealer's licenses. When using this form for multiple taxes, the Account ID Numbers for the corresponding taxes must be entered.

## SECTION I. STATE/LOCAL SALES TAX

**PENNSYLVANIA** - Complete this section to cancel a state sales tax license when a business:

- Was discontinued, sold or ceased operations in Pennsylvania;
- No longer makes taxable sales, rentals or leases;
- No longer provides taxable services in Pennsylvania; or
- Reports and pays under another Account ID Number.

**LOCAL** - Complete this section to advise the department that a business:

- Was discontinued, sold or ceased operations in Pennsylvania;
- No longer makes sales, rentals or leases, or provides taxable sales or services subject to local sales tax;
- No longer reports use tax on property used or services provided within Philadelphia or Allegheny County on which no local sales tax was paid; or
- Reports and pays under another Account ID Number.

## SECTION II.

**EMPLOYER WITHHOLDING TAX.** If the business was sold, closed or no longer has employee(s) subject to PA personal income tax, complete this section. Provide the reason for the

cancellation and the required cancellation dates on this form. **If the EIN is changed by the Internal Revenue Service, a new registration (PA-100) must be completed.**

## SECTION III.

**PUBLIC TRANSPORTATION ASSISTANCE (PTA) FUND TAXES & FEES/VEHICLE RENTAL TAX (VRT).** If the business no longer has sales, rentals or leases subject to PTA/VRT taxes and fees, or the sales tax license was cancelled, indicate, business-discontinued date on the form. If the business reports under another Account ID Number, indicate the new Account ID Number on the form.

## SECTION IV.

### CIGARETTE DEALER'S LICENSE

If cigarettes are no longer sold or if the sales tax license was cancelled, complete this information and indicate the date the business ceased selling cigarettes.

## SIGN AND DATE THE FORM.

Include a daytime telephone number, title and e-mail. Mail the completed form to:  
**PA Department of Revenue, PO BOX 280901, Harrisburg, PA 17128-0901.**

## REGISTRATION METHODS

For online registration visit [www.paopenforbusiness.state.pa.us](http://www.paopenforbusiness.state.pa.us); to obtain a PA Enterprise Registration Form, PA-100, visit [www.revenue.state.pa.us](http://www.revenue.state.pa.us) or call the departments Forms Ordering Service at 1-800-362-2050.