



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 \$ \_\_\_\_\_

Have all returns been filled up to date of closure? Yes

Have all returns been updated? Yes

	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>		
<b>Was TP informed of outstanding amount?</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>	<b>No</b>
<b>What action was taken:</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>		
	<input type="checkbox"/>		<input type="checkbox"/>		

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**Form received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**“At Your Service, Bermuda!”**  
F.B. Perry Building, 40 Church Street, Hamilton HM 12  
P.O. Box HM 1374, Hamilton HM FX  
Phone (441) 297-7754  
Email: [taxenquiry@gov.bm](mailto:taxenquiry@gov.bm) Website: [www.gov.bm/payroll-tax](http://www.gov.bm/payroll-tax)