



STATE OF RHODE ISLAND  
 Rhode Island Department of Labor and Training  
**EMPLOYER TAX DIVISION**  
 1511 Pontiac Avenue, Cranston, RI 02920  
 Telephone: (401) 574-8700, option 1  
<https://uitax.ri.gov>

TX-13 (Rev. 2/24)

**EMPLOYER TERMINATION OF REGISTRATION REPORT**

RI Registration Number: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_  
 Business address (street, city/town, state and zip):  
 Street: \_\_\_\_\_  
 City/Town: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Email: \_\_\_\_\_

Person in charge of payroll:  
 Name: \_\_\_\_\_  
 Payroll address (street, city/town, state and zip):  
 Street: \_\_\_\_\_  
 City/Town: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Payroll Email: \_\_\_\_\_

Provide the following information concerning Owner, Managing Partner, President/CEO

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for Termination:  Sale  Lease  Liquidation  Reorganization  
 Receivership  Bankruptcy  Merger  No Rhode Island Employees  
 Death of Owner: if so, was the business sold/transferred?  Yes  No

Date of last payroll: \_\_\_\_\_  
 What percentage of business was transferred (if applicable) \_\_\_\_\_

A business that has purchased, leased or assumed assets (examples include physical assets, corporate name, work in progress, licenses, inventories, employees) of an already existing business is considered a New (Successor) Business.

Did the reason for termination result in a New/Successor business?  Yes  No

If yes, please provide the following:

Name of New (Successor) Business (if any) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_

**All applicable information on this form is necessary to close your Employer Tax account.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**THIS FORM MUST BE SIGNED**

Please return completed form to the address on top of this form.  
 Telephone: (401) 574-8700 | Fax: (401) 574-8940