

**RWANDA REVENUE AUTHORITY****DE-REGISTRATION FORM FOR INDIVIDUAL TAXPAYER****Observations**

- ❖ Before filling this form, please be sure you have filed all returns, from your business starting date up to closing date. Bring the last submitted declaration for each and every type of tax you are registered for.
- ❖ Please attach on this form the following: Copy of your ID and ID of your spouse if any.
- ❖ Please remember to file all taxes you are registered for until you get the response of this request.

1) Identification of business activities to be de-registered

- Tax Identification Number (TIN):

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- Business name:.....
- Main business activity:
- Business activity start date:/...../.....
- Business address :
Village **Cell** **Sector**
District **Province**
- Reason for de-registration :.....
- Tax types you are registered for:
 - Pay As You Earn (PAYE/TPR) ☐
 - Value Added Tax (VAT) ☐
 - Personal Income Tax (PIT) ☐
 - Withholding Tax ☐
 - Consumption Tax ☐
- Tax types you want to be de-registered for:
 - Pay As You Earn (PAYE/TPR) ☐
 - Value Added Tax (VAT) ☐
 - Personal Income Tax (PIT) ☐
 - Withholding Tax ☐
 - Consumption Tax ☐
- Have you ever been audited? **Yes:** **No:**
- If Yes, which Tax periods audited?
- Is there any arrears you owe Rwanda Revenue Authority? **Yes**..... **No**.....
- If **Yes** , how much ?.....
- Have you signed a payment in installment agreement with Rwanda Revenue Authority showing how these arrears will be paid? **Yes** **No**

2) Identification of individual to be de-registered

- Name:
- Identification card Number(ID) or Passport Number:

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- Phone Number:

2	5	0	7														
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Email.....

Residence

Village.....**Cell**.....**Sector**.....

District.....**Province**.....

- Are you married? **Yes**..... **No**:
- If yes, fill the identification of your spouse:
 - His/her names:
 - His/her Identification card Number (ID) or Passport Number:

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- His/her telephone number:

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- Which matrimonial regime do you have with your spouse? *Is it community property regime?* **Yes**..... **No**.....; *Is it Limited community property regime?* **Yes** **No**.....; *is it separation of property regime?* **Yes** **No**.....

3) Information about other activities he/she operates

- Is there any other *business* you are registered for? **Yes****No**.....If Yes,
Name of business.....

TIN

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- After filling this form, Please sign it :
I certify that the information here above provided
is complete and accurate. I also understand that any false information may lead to prosecution.

Name and signature of individual to be de-registered	Name and signature of spouse
Name:	Name:
Date and signature:	Date and signature:

4) Reserved for RRA staff

- Received by RRA staff in charge of de- registration

Date...../...../.....

Names:

Stamp and Signature