



Employer Account Closure Form (ACF)

Please use this form if you have sold or closed your business or are no longer operating in Saskatchewan.

Section 1 Firm Information:

Firm Number: _____

Contact Phone: _____

Firm Name: _____

Alternate Phone Number (cell, home): _____

Mailing Address: _____

Email Address: _____

Section 2 Reason for Closure:

Please check at least one of the following reasons why the account is to be closed:

Closed Business (retired, moved, etc) or ceased operations in Saskatchewan

Not employing workers or contractors

Sale

Bankruptcy

Cancel personal coverage (list names) _____

Other – Please explain _____

Section 3 Final Payroll Information:

Date that your business closed or last employed workers or contractors in Saskatchewan (DD/MM/YEAR): _____

Total gross earnings for all workers for the calendar year (include all full-time, part-time, casual and temporary workers and directors on wages): _____

Section 4 Contractor Information: Complete this section if you have hired contractors in the current year

Contractor Name and Address	Description of Work Performed	Total Contract Amount	Labour Portion (if known)

Section 5 Details of Sale: Complete this section if you have sold your business

Type of Sale:

Shares (Assets and Liabilities)

Assets Only

Amalgamation (attach letter and amalgamation papers)

Name of Purchaser: _____

Phone Number of Purchaser: _____

Address of Purchaser: _____

Section 6 Bankruptcy Information: Complete this section if you have filed for bankruptcy

Date of Insolvency (DD/MM/YEAR): _____

Name of Receiver or Trustee: _____

Contact Person: _____

Phone Number: _____

Section 7 Declaration:

I declare that all of the information provided is true and correct to the best of my knowledge

Signature: _____

Date (DD/MM/YEAR): _____

Printed Name: _____

Position: _____

Contact Number: _____