

TAXPAYER ACCOUNT and FILING INFORMATION

Check this box if you have not received a current set of SUW forms.

CHANGES EFFECTIVE ON (DATE)

ACCOUNT NUMBER

LEGAL BUSINESS ADDRESS

MAILING ADDRESS

CHANGE OUR LEGAL BUSINESS ADDRESS TO:
(If P.O. Box No., you must include street address)

CHANGE OUR MAILING ADDRESS TO:

NOTICE OF CHANGE OR DISCONTINUANCE

INSTRUCTIONS: Place an "X" in all boxes that apply. Complete all information for that change.

1. The Internal Revenue Service has assigned us a federal employer identification number _____ (FEIN)
2. Our federal employer identification number as shown is wrong. The correct number is _____ (FEIN)
3. Change in major business activity (explain on back).
4. We discontinued our entire business on _____ (Date). Address where we may be reached following discontinuance of business:

(Street)

(City)

(State)

(ZIP)

5. We sold our entire business _____ Purchaser's Name, Street, City, State, ZIP

on _____ (Date)

TO:

6. We sold part of our business

on _____ (Date)

7. Please add or delete the following taxes or licenses.

Add	Delete	Add	Delete	Add	Delete
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	sales tax license		income tax withholding		LPG dealer license
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	use tax registration		motor carrier license		gasoline wholesaler's license
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	single business tax		diesel dealer license		motor fuel tax license or exemption certificate
				<input type="checkbox"/>	<input type="checkbox"/>
					tobacco products tax license

8. We incorporated (if incorporating existing business, explain on back). Our corporate name is _____

9. Our total number of business locations has changed to _____ (List DBAs or trade names and addresses for additional locations on back.)
(No. of Locations)

10. We now open our seasonal business in _____ (Month) and close it in _____ (Month)

11. Effective _____ (Month/Year), we have changed our fiscal year ending from _____ (Month) to _____ (Month)

12. We operate under a name other than reported above _____ (Name)

13. Other Changes - (eg: mergers, etc.) Please explain on back. Give new account number if applicable

SIGNATURE OF PERSON AUTHORIZING THIS CHANGE

DATE

PREPARER'S PHONE NUMBER