

# Business Taxpayer Change of Address Form

Instructions: Complete this form to notify the tax authority of a change in your business physical or mailing address. Please print the completed form, sign, and mail it to the designated tax office.

---

## 1. Business Identification

Current Legal Business Name:

Trade Name (DBA, if applicable):

Federal Employer Identification Number (EIN):

State Tax Identification Number:

## 2. Old Business Address

Street Address:

Suite/Room/Apartment Number:

City:

State:

ZIP Code:

## 3. New Business Address

Check this box if this is also the new mailing address:  Y/N

New Street Address:

Suite/Room/Apartment Number:

City:

State:

ZIP Code:

## 4. Effective Date of Change

Effective Date (MM/DD/YYYY):

## 5. Contact Information

Contact Person Name:

Title/Position:

Telephone Number:

Email Address:

## 6. Authorization and Signature

*I certify that I am authorized to sign this change of address request on behalf of the business entity named above.*

Authorized Print Name:

Title:

Signature (Sign after printing):

Date (MM/DD/YYYY):