

DELAWARE DIVISION OF REVENUE  
PO BOX 830  
WILMINGTON, DE 19899-0830

# REQUEST FOR CHANGE

New Booklets Will Be Issued  
for Business FEIN  
or SSN Changes Only



DF62219019999

CHANGE: TAX YEAR ENDING DATE	BUSINESS FEIN OR SSN	CHANGE: BUSINESS FEIN OR SSN	EFFECTIVE DATE	REASON FOR CHANGE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ACCOUNT NO.	CORRECT BUSINESS LOCATION ADDRESS
<input type="checkbox"/> OUT OF BUSINESS <input type="text"/> MM <input type="text"/> DD <input type="text"/> YY	NAME <input type="text"/>
	ADDRESS <input type="text"/>
<input type="checkbox"/> BUSINESS NAME AND ADDRESS <input type="text"/>	CITY <input type="text"/>
	STATE <input type="text"/> ZIP <input type="text"/> PHONE <input type="text"/>
	<b>CORRECT MAILING ADDRESS IF DIFFERENT FROM ABOVE</b>
	NAME <input type="text"/>
<input type="checkbox"/> <input type="text"/>	ADDRESS <input type="text"/>
	CITY <input type="text"/>
	STATE <input type="text"/> ZIP <input type="text"/> PHONE <input type="text"/>

AUTHORIZED SIGNATURE

DATE  MM  DD  YY

-----  
DETACH HERE AND MAIL COMPLETED TOP PORTION.