DELAWARE DIVISION OF REVENUE PO BOX 8750 WILMINGTON, DE 19899-8750

REQUEST FOR CHANGE

New Booklets Will Be Issued for Account No. & Bus. Code Group Changes Only

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CORRECT BUSINESS ACTIVITY		ACCOUNT NUMBER CHANGE		EFFECTIVE DATE 3	REASON FOR CHAN	ige 4
BUSINESS CODE GROUP DESCRIPTION	ACCOUNT NUMBER		6 CORRECT BUSINESS LOCATION ADDRESS			
	SOLE DRO	OPRIETORS ENTER SOCIAL	NAME			
BUSINESS NAME AND ADDRESS SECURITY		Y NUMBER 5	ADDRESS			
			CITY		STATE	ZIP
			7 cor	RECT MAILING AI	DDRESS IF DIFF	FERENT FROM ABOVE
			NAME			
		, ,	ADDRESS			
AUTHORIZED SIGNATURE		DATE	CITY		STATE	ZIP
TELEPHONE NUMBER	F	-MAIL ADDRESS				(Revised 10/12/04)

License Request for Change Form

Use this form to make corrections or changes to your name, address, account number or taxable year-ending date. Also use this Request for Change form if you have gone out of business and indicate the date your business ceased operations.

Please Note: The License Request for Change form only makes changes to your license account in our Business Master File. If you need to make similar changes to your Corporate, Sub S Corporate and/or Withholding accounts, please complete the Corporate Request for Change form, the Sub S Corporate Request for Change form or the Withholding Request for Change form respectively for each type of tax.

Step-by-Step Instructions

Step 1: Please enter your information as it appears on the Division of Revenue's current records

Business Code Group Description – Please enter your current three-digit business code and accompanying group description (i.e. "331 Contrt Res").

Account Number – Please enter the Federal Tax Identification Number that the Delaware Division of Revenue currently has on file for you.

Business Name and Address – Please enter the business name and location address that the Delaware Division of Revenue currently lists as your business name and location address.

Step 2: Fill-in any fields you wish to change on the Request for Change form below

- **Field 1. Correct Business Activity** If you have changes to your current business activity, please enter your new or corrected business activity in Field 1.
- **Field 2.** Account Number Change If you wish to change the information in Box B, please enter your correct account number in Field 2. Otherwise, leave Field 2 blank.
- Field 3. Effective Date Please enter the date you would like this Request for Change form to go into effect.
- **Field 4.** Reason for Change Please enter the reason for submitting this Request for Change form (i.e. out of business, incorporated, moved).
- **Field 5. Sole Propietors Only** Please enter your current Social Security Number if you are a sole proprietor. If you are **not** a sole proprietor, please leave Field 5 blank.
- **Field 6. Correct Business Location Address** If you wish to change the information in Box C, please enter your correct location address in Field 6. Otherwise, leave Field 6 blank.
- Field 7. Correct Mailing Address Please enter your correct business mailing address.

Step 3: Sign and date the form. Mail to the address listed on the form or fax to 302-577-8203.

If you have any questions, please call the Delaware Division of Revenue Business Master File Section at 302-577-8778.