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

LREQ
0028-99

CORRECT BUSINESS ACTIVITY 1	ACCOUNT NUMBER CHANGE 2	EFFECTIVE DATE 3	REASON FOR CHANGE 4

BUSINESS CODE GROUP DESCRIPTION	ACCOUNT NUMBER
602 LSR TNG PR	

BUSINESS NAME AND ADDRESS

SOLE PROPRIETORS ENTER SOCIAL SECURITY NUMBER 5

AUTHORIZED SIGNATURE _____ DATE _____

TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

6 CORRECT BUSINESS LOCATION ADDRESS

NAME		
ADDRESS		
CITY	STATE	ZIP

7 CORRECT MAILING ADDRESS IF DIFFERENT FROM ABOVE

NAME		
ADDRESS		
CITY	STATE	ZIP

(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.

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