

CORRECT BUSINESS ACTIVITY 1		ACCOUNT NUMBER CHANGE 2	EFFECTIVE DATE 3	REASON FOR CHANGE 4
BUSINESS CODE GROUP DESCRIPTION	ACCOUNT NUMBER		<b>6 CORRECT BUSINESS LOCATION ADDRESS</b>	
<b>BUSINESS NAME AND ADDRESS</b>		SOLE PROPRIETORS ENTER SOCIAL SECURITY NUMBER 5		
		NAME		
		ADDRESS		
CITY		STATE	ZIP	
<b>7 CORRECT MAILING ADDRESS IF DIFFERENT FROM ABOVE</b>				
NAME				
ADDRESS				
CITY		STATE	ZIP	
AUTHORIZED SIGNATURE		DATE		
TELEPHONE NUMBER		E-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 Proprietors 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.