

ACCOUNT NUMBER	ACCOUNT NUMBER CHANGE <b>1</b>	EFFECTIVE DATE <b>2</b>	REASON FOR CHANGE <b>3</b>	
BUSINESS NAME AND ADDRESS          AUTHORIZED SIGNATURE _____ DATE _____  TELEPHONE NUMBER _____ E-MAIL ADDRESS _____		<b>4 CORRECT BUSINESS LOCATION ADDRESS</b>		
		NAME		
		ADDRESS		
		CITY	STATE	ZIP CODE
		<b>5 CORRECT MAILING ADDRESS IF DIFFERENT FROM ABOVE</b>		
NAME		ADDRESS		
CITY		STATE	ZIP CODE	

(Revised 10/12/04)

## Withholding 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 Withholding Request for Change form only makes changes to your withholding account in our Business Master File. If you need to make similar changes to your Corporate, Sub S Corporate and/or License accounts, please complete the Corporate Request for Change form, the Sub S Corporate Request for Change form or the License 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

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

**Box B. 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. Account Number Change** – If you wish to change the information in Box A, please enter your correct account number in Field 1. Otherwise, leave Field 1 blank.

**Field 2. Effective Date** – Please enter the date you would like this Request for Change form to go into effect.

**Field 3. Reason for Change** – Please enter the reason you are submitting this Request for Change form (i.e. out of business, incorporated, moved).

**Field 4. New Business Location Address** – If you wish to change the information in Box B, please enter your correct location address in Field 4. Otherwise, leave Field 4 blank.

**Field 5. New 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.