

# REQUEST FOR CHANGE



DF62214019999

CHANGE: TAX YEAR ENDING DATE	BUSINESS FEIN OR SSN	CHANGE: BUSINESS FEIN OR SSN	EFFECTIVE DATE	REASON FOR CHANGE
ACCOUNT NUMBER		CORRECT BUSINESS LOCATION ADDRESS		
<input type="checkbox"/> OUT OF BUSINESS		NAME		
BUSINESS MAILING ADDRESS		ADDRESS		
EFFECTIVE DATE		CITY STATE ZIP CODE		
		CORRECT MAILING ADDRESS IF DIFFERENT FROM ABOVE		
		NAME		
		ADDRESS		
		CITY STATE ZIP CODE		

AUTHORIZED SIGNATURE \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_ DATE MM | DD | YY  
EMAIL ADDRESS \_\_\_\_\_

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

**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 Tax Year Ending Date** – Please enter your correct tax-year ending date.

**Field 2. Account Number Change** – If you wish to change the information in Box A, 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 your changes (i.e. out of business, incorporated, moved).

**Field 5. New Business Location Address** – If you wish to change the information in Box B, please enter your correct location address in Field 5. Otherwise, leave Field 5 blank.

**Field 6. New Mailing Address** – Please enter your correct business mailing address.

**Field 7. Out of Business checkbox (include Date Closed)** – Please check this box if your location has currently gone out of business. Please enter the date your location stopped operations in the Date space provided.

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