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

## REQUEST FOR CHANGE New Booklets Will Be Issued

New Booklets Will Be Issued for Account Number Changes Only

ACCOUNT NUMBER	ACCOUNT NUMBER CHANGE		EFFECTIVE DATE	REASON FOR CHANGE	
	1		2	3	}
		4 CORRECT BUSINESS LOCATION ADDRESS			
BUSINESS NAME AND ADDRESS		NAME			
		ADDRESS			
		CITY		STATE	ZIP CODE
		5 CORRECT MAILING ADDRESS IF DIFFERENT FROM ABOVE			
		NAME			
AUTHORIZED SIGNATURE	DATE	ADDRESS			
		CITY		STATE	ZIP CODE
TELEPHONE NUMBER E-MA	AILADDRESS			-	(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.