

Vermont Department of Taxes **Business Tax Division** PO Box 547 Montpelier, VT 05601-0547

(802) 828-2551, option #3 (802) 828-5787 Phone:

Fax:

NOTICE OF CHANGE

Form **B-2**

This is not a return. Use for account changes only.

A Owner's Name	Federal ID Number		
Business Name	VT Account Number		
Business Location Street Address			
Business Location City, State, ZIP Code			
B Check all appropriate boxes below and mail to us at the address above.			
Cancel Account*			
Tax Type: Account No: Date t	axable activity discontinued:	1	
Tax Type: Account No: Date t	axable activity discontinued:		
Tax Type: Account No: Date t	axable activity discontinued:		
Name, Address, Federal ID No. changed as noted below. NEW Name NEW Business Location NEW Mailing Address NEW Federal ID Number Business sold to:		1	
Change of entity type** (Example: Sole Proprietor to Corporation). Describe:			
** You may use this form to cancel the original account, but you need to register the new er Tax Account. Both forms can be mailed in the same envelope.	ntity by completing Form S-1, Ap	plication fo	r Business
EXPLANATION			
Reason for requesting this change:			
D SIGNATURE			
Signature of Officer or Authorized Agent	Date		
Printed Name of Officer or Authorized Agent Title	Telephone Number		