



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
CHANGE OF NAME / ADDRESS / BUSINESS LOCATION

dor.sc.gov

Save time and paper by completing this form on MyDORWAY, our free tax portal! Go to MyDORWAY.dor.sc.gov and sign in to your existing account or create an account to get started. Complete this form to notify the SCDOR of a change of name, address, and/or business location.

Check applicable box:

- Individual - Complete Part I
Business - Complete Part II
Both - Complete Part I and II

Part I - Individual Change of Name and/or Address

Effective Date

- 1. Name
2. Spouse's name
3. Prior name
Social Security Number
Social Security Number
Email

Complete Line 3 if you or your spouse changed last name due to marriage, divorce, etc.

- 4a. Previous address
4b. Spouse's previous address (if different from 4a)
5. New address
6. New phone number (include area code)
7. County

Signature Spouse's signature

Part II - Business Change of Name, Address, and/or Location

SID #

Important - A change of ownership will require the business to register for new accounts. Account numbers are required for address change.

- 1. Address change applies to: Corporate, Sales*, Withholding, Other
Account #

Effective date:

*A change to Sales Tax may require the return of your Retail License. See instructions on next page.

- 2. FEIN (if required by IRS)
3. New business name
4. Prior business name
5. Owner, partner, or corporate name (if different from 4)

Lines 6 and 7 should reflect the physical street address of the business - no PO boxes.

- 6. New business address
7. Previous business address
8. New mailing address
9. Previous mailing address

- 10. New phone number (include area code) Email

Phone number effective for all taxes? Yes No If no, provide other phone numbers and specify applicable taxes.

- 1.
2.

11. Is business within municipal limits? Yes No If yes, which city? _____

12. Description of business activity: _____

13. Location of records and person responsible for records after date of change for:

	Sales	Withholding	Corporate
Responsible person: _____	_____	_____	_____
Address: _____	_____	_____	_____
City, State, ZIP: _____	_____	_____	_____

14. Names of business owners, partners, or officers. Social Security Number required for all owners or partners.

Name	Social Security Number	Address	% Owned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of owner/partner/officer: _____ Date: _____

INSTRUCTIONS

Part I - Individual:

- SCDOR records will be updated to show the change of address as soon as possible after we receive this form. If you want this change to be effective on a specific date, indicate the date.
- Provide complete name and Social Security Number so we can locate your records.
- Provide your full name used previously on line 3. Enclose a copy of the document showing your marriage or divorce name change.
- Signatures are required from each person affected by the change of address.

Part II - Business:

- A change of ownership requires the new owner to register for all new tax accounts. Tax accounts cannot be transferred from one owner to another. Register online at **dor.sc.gov/register**. Register by paper by filing SCDOR-111.
- The following location changes will require a new Sales Retail License:
 - a change in location from one county to another within South Carolina
 - a change from an out-of-state location to a location within South Carolina
 - a change from a location within South Carolina to an out-of-state location

If these changes apply, include your current license when you submit this form. We will issue a new license with your updated information.

- **Provide the current South Carolina account numbers for each account to which the change applies. Attach a separate sheet if needed.**
- Provide the FEIN and full name of the business as registered with the SCDOR. Any corporate name provided should be the same name registered with the South Carolina Secretary of State.
- Lines 6 and 7 should reflect the actual physical address of the business. Do not use a post office box. The county for the location is required.
- Line 12 should list a specific description of the business activity.
- Line 13 should list the location of the books/records of the business. Provide the name of the person responsible for the care of the book/records.
- Update the current owners, partners, or officers of the business on Line 14.
- The signature of an owner, partner, officer, or authorized representative is required.

MAIL TO: SCDOR, PO BOX 125, COLUMBIA, SC 29214-0400

Social Security Privacy Act Disclosure

It is mandatory that you provide your Social Security Number on this tax form if you are an individual taxpayer. 42 U.S.C. 405(c)(2)(C)(i) permits a state to use an individual's Social Security Number as means of identification in administration of any tax. SC Regulation 117-201 mandates that any person required to make a return to the SCDOR must provide identifying numbers, as prescribed, for securing proper identification. Your Social Security Number is used for identification purposes.

The Family Privacy Protection Act

Under the Family Privacy Protection Act, the collection of personal information from citizens by the SCDOR is limited to the information necessary for the SCDOR to fulfill its statutory duties. In most instances, once this information is collected by the SCDOR, it is protected by law from public disclosure. In those situations where public disclosure is not prohibited, the Family Privacy Protection Act prevents such information from being used by third parties for commercial solicitation purposes.