

CHANGE OF TAX ACCOUNT INFORMATION

Confidential

<i>For Department Use Only</i>		Date Received: _____
System Updated: _____	TP Confirmation: _____	CT Office: _____

Use this form to report changes in your Huntsville Tax Account. Return completed form to the Finance Department for processing. For changes to Huntsville Location Address or Business Structure, you must complete a new business license application.

CURRENT INFORMATION

Provide information as it currently appears on your City of Huntsville taxpayer account.

Taxpayer Account Number: _____ Federal ID Number: _____ NAICS Code: _____
 Legal Name of Business: _____ Trade Name (d/b/a): _____
 Mailing Address: _____ Phone No.: _____
 Previous Legal Name: _____ Federal ID Number: _____ Secretary of State Entity ID: _____

NEW INFORMATION

Effective Date of Change: _____

Please indicate changes you would like to make by completing applicable sections below.

Change of Business Status

The business referenced above has closed or discontinued operations in Huntsville.

Date Business Closed: _____

If business was sold, provide the following information:

Name of Purchaser: _____
 Address of New Owner/Purchaser: _____
 City: _____ State: _____ Zip: _____
 Phone Number: _____ Fax Number: _____ Date Business Sold: _____

Change of Address

The mailing address for applicable tax forms has changed. The new address to which forms should be mailed is as follows:

Mailing Address: _____ Location Address: _____
 City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
 Phone Number: _____ Fax Number: _____
 Email Address: _____

Change of Contact Information

Authorized Tax Representative: _____

(Person, Officer or Member responsible for reporting and/or receiving confidential tax information)

Phone Number: _____ Fax Number: _____
 Email Address: _____

Change Tax Return Filing Status

Filing Frequency:		Tax Type:			
Monthly	Annual	Sales	Consumer's Use	Liquor (Monthly Only)	Lodging (Monthly Only)
Quarterly		Rental	Seller's Use	Gasoline (Monthly Only)	Tobacco (Monthly Only)

AUTHORIZATION TO REQUEST CHANGE OF TAXPAYER INFORMATION

_____	_____	_____	_____
Date	Printed Name	Signature	Title