

Taxpayer Information Changes

Business Discontinued Date: _____
MM DD YYYY

Please indicate reason for discontinuation:

- | | | |
|--|---|--|
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Merger with _____ | <input type="checkbox"/> Partner added |
| <input type="checkbox"/> Formed LLC | <input type="checkbox"/> Business did not materialize | <input type="checkbox"/> Partner dropped |
| <input type="checkbox"/> Incorporated | <input type="checkbox"/> No taxable activity | <input type="checkbox"/> Sold to _____ |
| <input type="checkbox"/> Other (<i>please explain</i>) | | |

Mailing Address Change

Street Address or PO Box		
City	State	Zip code

Business Location Change

Street Address		
City	State	Zip code