

# DELAWARE F O R M

## DIVISION OF REVENUE **SCT-REQ**

### S CORPORATE REQUEST FOR CHANGE FORM FORMERLY CREQ



TAXPAYER ID	CHANGE: TAXPAYER ID
<input type="text"/>	<input type="text"/>

CHANGE: TAX YEAR ENDING DATE	OUT OF BUSINESS DATE
<input type="text"/>	<input type="text"/>

EFFECTIVE DATE	REASON FOR CHANGE
<input type="text"/>	<input type="text"/>

**BUSINESS NAME AND ADDRESS**


**NEW BUSINESS LOCATION ADDRESS**

NAME	<input type="text"/>		
ADDRESS	<input type="text"/>		
CITY	<input type="text"/>		
STATE	ZIP CODE	PHONE NUMBER	<input type="text"/>

**NEW MAILING ADDRESS IF DIFFERENT FROM ABOVE**


NAME	<input type="text"/>		
ADDRESS	<input type="text"/>		
CITY	<input type="text"/>		
STATE	ZIP CODE	PHONE NUMBER	<input type="text"/>

**BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS**  
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

**MAIL COMPLETED FORM TO:**   
Delaware Division of Revenue  
PO Box 0830  
Wilmington, DE 19899-0830

 AUTHORIZED SIGNATURE \_\_\_\_\_  DATE \_\_\_\_\_

PRINTED NAME OF AUTHORIZED SIGNER

 PHONE NUMBER

 EMAIL ADDRESS

