



DF60316019999

ACCOUNT NUMBER	BUSINESS FEIN OR SSN	CHANGE: BUSINESS FEIN OR SSN	EFFECTIVE DATE	REASON FOR CHANGE
BUSINESS MAILING ADDRESS		CORRECT BUSINESS LOCATION ADDRESS		
		NAME		
		ADDRESS		
		CITY	STATE	ZIP CODE
		CORRECT MAILING ADDRESS IF DIFFERENT FROM ABOVE		
		NAME		
		ADDRESS		
		CITY	STATE	ZIP CODE
AUTHORIZED SIGNATURE		TELEPHONE NUMBER	EMAIL ADDRESS	DATE MM DD YY



Withholding Request for Change Form

Use this form to make corrections or changes to your name, address, account number or taxable year-ending date. Also use this Request for Change form if you have gone out of business and indicate the date your business ceased operations.

! Please Note: The Withholding Request for Change form only makes changes to your withholding account in our Business Master File. If you need to make similar changes to your Corporate, Sub S Corporate and/or License accounts, please complete the Corporate Request for Change form, the Sub S Corporate Request for Change form or the License Request for Change form respectively for each type of tax.

Step-by-Step Instructions

Step 1: Please enter your information as it appears on the Division of Revenue's current records

- Box A. Account Number** – Please enter the Federal Tax Identification Number that the Delaware Division of Revenue currently has on file for you.
- Box B. Business Name and Address** – Please enter the business name and location address that the Delaware Division of Revenue currently lists as your business name and location address.

Step 2: Fill-in any fields you wish to change on the Request for Change form below

- Field 1. Account Number Change** – If you wish to change the information in Box A, please enter your correct accountnumber in Field 1. Otherwise, leave Field 1 blank.
- Field 2. Effective Date** – Please enter the date you would like this Request for Change form to go into effect.
- Field 3. Reason for Change** – Please enter the reason you are submitting this Request for Change form (i.e. out of business, incorporated, moved).
- Field 4. New Business Location Address** – If you wish to change the information in Box B, please enter your correct location address in Field 4. Otherwise, leave Field 4 blank.
- Field 5. New Mailing Address** – Please enter your correct business mailing address.

Step 3: Sign and date the form. Mail to the address listed on the form or fax to 302-577-8203.

If you have any questions, please call the Delaware Division of Revenue Business Master File Section at 302-577-8778.