

DELAWARE DIVISION OF REVENUE  
PO BOX 830  
WILMINGTON, DE 19899-0830

# REQUEST FOR CHANGE

New Booklets Will Be Issued  
for Business FEIN  
or SSN Changes Only



DF62219019999

**CHANGE:** TAX YEAR ENDING DATE    BUSINESS FEIN OR SSN    **CHANGE:** BUSINESS FEIN OR SSN    EFFECTIVE DATE    REASON FOR CHANGE

ACCOUNT NO.

OUT OF BUSINESS    MM    DD    YY

BUSINESS NAME AND ADDRESS

**CORRECT BUSINESS LOCATION ADDRESS**

NAME

ADDRESS

CITY

STATE

ZIP

PHONE

**CORRECT MAILING ADDRESS IF DIFFERENT FROM ABOVE**

NAME

ADDRESS

CITY

STATE

ZIP

PHONE

X

AUTHORIZED SIGNATURE

DATE    MM    DD    YY

DETACH HERE AND MAIL COMPLETED TOP PORTION.