



# DELAWARE FORM

DIVISION OF REVENUE WTH-REQ



## WITHHOLDING REQUEST FOR CHANGE FORM

### A. TAXPAYER ID

#### 1. CHANGE: TAXPAYER ID

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### 2. EFFECTIVE DATE

### 3. REASON FOR CHANGE

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### B. BUSINESS NAME AND ADDRESS

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### 4. NEW BUSINESS LOCATION ADDRESS

NAME					
ADDRESS					
CITY		STATE		ZIP	

### 5. NEW MAILING ADDRESS IF DIFFERENT FROM ABOVE

NAME					
ADDRESS					
CITY		STATE		ZIP	

AUTHORIZED SIGNATURE

DATE

PHONE NUMBER

EMAIL

MAIL COMPLETED  
FORMS TO:

Delaware Division of Revenue  
PO Box 508, Wilmington, DE 19899-0508