



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