



DELAWARE F O R M

DIVISION OF REVENUE **WTH-REQ**



WITHHOLDING REQUEST FOR CHANGE FORM

A. TAXPAYER ID

1. CHANGE: TAXPAYER ID

2. EFFECTIVE DATE

3. REASON FOR CHANGE

B. BUSINESS NAME AND ADDRESS

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