



# DELAWARE FORM

## DIVISION OF REVENUE CIT-REQ

### CORPORATE REQUEST FOR CHANGE FORM FORMERLY CREQ



<b>TAXPAYER ID</b>	<b>CHANGE: TAXPAYER ID</b>

<b>CHANGE: TAX YEAR ENDING DATE</b>	<b>OUT OF BUSINESS DATE</b>

<b>EFFECTIVE DATE</b>	<b>REASON FOR CHANGE</b>

**BUSINESS NAME AND ADDRESS**

**NEW BUSINESS LOCATION ADDRESS**

<b>NAME</b>				
<b>ADDRESS</b>				
<b>CITY</b>				
<b>STATE</b>	<b>ZIP CODE</b>		<b>PHONE NUMBER</b>	

**NEW MAILING ADDRESS IF DIFFERENT FROM ABOVE**

<b>NAME</b>				
<b>ADDRESS</b>				
<b>CITY</b>				
<b>STATE</b>	<b>ZIP CODE</b>		<b>PHONE NUMBER</b>	

**BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS**  
 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

**MAIL COMPLETED FORM TO:**   
 Delaware Division of Revenue  
 PO Box 0830  
 Wilmington, DE 19899-0830

<b>AUTHORIZED SIGNATURE</b>	<b>DATE</b>
<b>PRINTED NAME OF AUTHORIZED SIGNER</b>	
<b>PHONE NUMBER</b>	
<b>EMAIL ADDRESS</b>	