



DELAWARE F O R M
DIVISION OF REVENUE **SCT-REQ**
S CORPORATE REQUEST FOR CHANGE FORM
FORMERLY CREQ

TAXPAYER ID

CHANGE: TAXPAYER ID

CHANGE: TAX YEAR ENDING DATE

OUT OF BUSINESS DATE

EFFECTIVE DATE

REASON FOR CHANGE

BUSINESS NAME AND ADDRESS

NEW BUSINESS LOCATION ADDRESS

NAME

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

NEW MAILING ADDRESS IF DIFFERENT FROM ABOVE

NAME

ADDRESS

CITY

STATE


ZIP CODE

PHONE NUMBER

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

AUTHORIZED SIGNATURE

DATE

PRINTED NAME OF AUTHORIZED SIGNER

PHONE NUMBER

EMAIL ADDRESS