



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	

