



BUSINESS TAX ACCOUNT CHANGE FORM

YOU MUST COMPLETE ITEM 1, EITHER ITEM 2 OR ITEM 3 AS APPLICABLE, AND ITEM 4. ENTER INFORMATION IN ITEMS 5 THROUGH 16 IF CHANGES HAVE OCCURRED. FOR ASSISTANCE, PLEASE CONTACT YOUR LOCAL COUNTY CLERK OR DESIGNATED MUNICIPAL BUSINESS TAX REPRESENTATIVE.

1. Effective Date of Changes: 2. FEIN/SSN: 3. Local Business Tax Account No: 4. State Business Tax Account No:

5a. PREVIOUS ACCOUNT NAME 5b. NEW ACCOUNT NAME

BUSINESS NAME BUSINESS NAME

LEGAL NAME, IF DIFFERENT LEGAL NAME, IF DIFFERENT

6a. PREVIOUS EXACT LOCATION ADDRESS 6b. NEW EXACT LOCATION ADDRESS

STREET, HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER) STREET, HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER)

APARTMENT OR SUITE NUMBER (DO NOT USE P.O. BOX OR RURAL ROUTE NUMBER) APARTMENT OR SUITE NUMBER (DO NOT USE P.O. BOX OR RURAL ROUTE NUMBER)

CITY STATE ZIP CODE CITY STATE ZIP CODE

7a. PREVIOUS MAILING ADDRESS 7b. NEW MAILING ADDRESS

P.O. BOX, STREET, ROUTE, OR HIGHWAY P.O. BOX, STREET, ROUTE, OR HIGHWAY

APARTMENT OR SUITE NUMBER (DO NOT USE P.O. BOX OR RURAL ROUTE NUMBER) APARTMENT OR SUITE NUMBER (DO NOT USE P.O. BOX OR RURAL ROUTE NUMBER)

CITY STATE ZIP CODE CITY STATE ZIP CODE

8. COUNTY IN WHICH BUSINESS IS LOCATED 9. IS BUSINESS LOCATED INSIDE A TENNESSEE CITY LIMITS?

NO YES (If Yes, Name of City)

10a. PREVIOUS BUSINESS TAX CLASSIFICATION 10b. NEW BUSINESS TAX CLASSIFICATION 11a. IF CLOSING BUSINESS, INDICATE BELOW 11b. EFFECTIVE DATE OF CLOSURE

CLOSING BUSINESS

12. BUSINESS TELEPHONE NUMBER 13. BUSINESS FAX NUMBER 14. BUSINESS E-MAIL ADDRESS

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15a. PREVIOUS OWNERSHIP TYPE (SELECT ONE): 15b. NEW OWNERSHIP TYPE

PROPRIETORSHIP HUSBAND/WIFE OWNERSHIP OTHER

PARTNERSHIP CORPORATION LIMITED LIABILITY COMPANY

16. IDENTIFY CHANGES IN OWNERS, OFFICERS, PARTNERS, OR CONTACT PERSON

(1) NAME HOME TELEPHONE # SOCIAL SECURITY # FEDERAL EIN

HOME ADDRESS (DO NOT USE P.O. BOX #) CITY STATE ZIP CODE

Member Owner Officer Partner Contact Person Add Remove

(2) NAME HOME TELEPHONE # SOCIAL SECURITY # FEDERAL EIN

HOME ADDRESS (DO NOT USE P.O. BOX #) CITY STATE ZIP CODE

Member Owner Officer Partner Contact Person Add Remove

17. THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (THIS APPLICATION MUST BE SIGNED BY THE INDIVIDUAL OWNER, A PARTNER, OR AN OFFICER OF THE CORPORATION. THE SIGNATORY MUST ALSO BE LISTED IN ITEM 16.)

SIGN HERE: SIGNATURE of OWNER, PARTNER, or OFFICER (DO NOT PRINT OR USE STAMP) TITLE DATE