CITY OF PHILADELPHIA DEPARTMENT OF REVENUE

CHANGE FORM

USE TO UPDATE ACCOUNT INFORMATION OR TO CANCEL A TAX LIABILITY

MAIL THE COMPLETED CHANGE FORM TO:

CITY OF PHILADELPHIA, DEPARTMENT OF REVENUE, P.O. BOX 1410, PHILADELPHIA, PA, 19105-1410

OR FAX TO: 215-686-6635

PHONE: 215-686-6600 E-MAIL: revenue@phila.gov INTERNET: www.phila.gov/revenue

Businesses complete Sections 1 and 2 to add a tax, request payment coupons or to close a business account. For a change of entity you must cancel your account and apply for a new Tax Account Number and Business Privilege License. Contact the department to obtain an application or to register on-line visit our web site. For property subject to Use and Occupancy Tax complete Section 3. Individuals complete Section 4 for School Income Tax or Section 5 for Employee Earnings Tax. Section 6 must be completed for all requests including the signature of the preparer of this form.

<u>Section 1</u> - Business Tax Registration Information.	
Currently Registered Business Name and Address	Corrected Business Name and Address
City Account Number Employer Identification Number	City Account Number Employer Identification Number
Social Security Number	Social Security Number
Spouse's Social Security Number	Spouse's Social Security Number
Section 2 - Add a tax, request payment coupons or to cancel an account. If your business has closed, enter the last day of business:	
If your business never materialized, check here:	dd a new tax type, enter the start date:
ADD CANCEL COUPONS	ADD CANCEL COUPONS
AMUSEMENT TAX	PARKING TAX O O
BUSINESS PRIVILEGE TAX O O	USE & OCCUPANCY TAX
HOTEL TAX O O O O NET PROFITS TAX O O	VALET PARKING TAX
	VEHICLE RENTAL TAX
OUTDOOR ADVERTISING TAX O O	WAGE TAX O O
Section 3 - For property subject to Use and Occupancy Tax.	
Property Address	Business U&O Tax Account Number
	Property Account Number
Line and Occurrence Town Marillan Address of the different force Deposits Address	Cancellation Date
Use and Occupancy Tax Mailing Address (If different from Property Address)	
	Date of Purchase
Check Reason for Cancellation:	Name of New Property Owner
Sold Residential Vacant Other (Explain in Section 6)	Ivalile of Ivew Floperty Owner
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Section 4 If the preprinted information listed on your tax return is incorrect, use this form to make the necessary corrections. For example, if your spouse	
Social Security Number Spouse's Social Security Number Spouse's Social Security Number	Corrected Social Security Number Corrected Spouse's Social Security Number Corrected Spouse's Social Security Number
Reason	Spouse Filing Separately No taxable Income Cancellation Date -
Section 5 EMPLOYEE EARNINGS TAX	
Currently Registered Taxpayer Name and Address	Corrected Taxpayer Name and Address
Social Security Number	Corrected Social Security Number
Reason for Cancellation Moved out of Philadelphia Employer now withholding tax Cancellation Cancellation Date Cancellation Deceased No longer employed Cancellation Cancellation Cancellation	
Section 6 State the reason for submitting this change form:	
State the reason for submitting this change form.	
Contact information must be completed for all change requests.	
Form Completed By (print name):	
Signature:	Telephone #
E-mail Address	Fax # —