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


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.

Section 1 - Business Tax Registration Information.

Currently Registered Business Name and Address

Corrected Business Name and Address

City Account Number

Employer Identification Number

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:

To add a new tax type, enter the start date:

ADD CANCEL COUPONS

AMUSEMENT TAX

BUSINESS PRIVILEGE TAX

HOTEL TAX

NET PROFITS TAX

OUTDOOR ADVERTISING TAX

PARKING TAX

USE & OCCUPANCY TAX

VALET PARKING TAX

VEHICLE RENTAL TAX

WAGE TAX

Section 3 - For property subject to Use and Occupancy Tax.

Property Address

Property U&O Tax Account Number

Use and Occupancy Tax Mailing Address (If different from Property Address)

Cancellation Date

Date of Purchase

Check Reason for Cancellation:

Sold

Residential

Vacant

Other (Explain in Section 6)

Name of New Property Owner

Section 6 must be completed for all requests including the signature of the preparer of this form.
If the preprinted information listed on your tax return is incorrect, use this form to make the necessary corrections. For example, if your spouse is deceased and you filed jointly with your spouse, use the Change Form to indicate your name and Social Security number.

Currently Registered Taxpayer Name and Address

Corrected Taxpayer Name and Address

Social Security Number

Corrected Social Security Number

Spouse’s Social Security Number

Corrected Spouse’s Social Security Number

Reason for Cancellation

Moved out of Philadelphia
Deceased. Enter date of death

Cancelled Date

Moved out of Philadelphia
Deceased

No longer employed

Employer now withholding tax

Section 5

EMPLOYEE EARNINGS TAX

Section 6

State the reason for submitting this change form:

Contact information must be completed for all change requests.

Form Completed By (print name):

Date

Signature:

Telephone #

E-mail Address:

Fax #